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PROFESSIONALS VIEW BRANDON GUIDANCE CLINIC

A DESCRIPTIVE SURVEY



BY

SIGRID BALCHEN

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled PROFESSIONALS VIEW BRANDON GUIDANCE CLINIC--A DESCRIPTIVE SURVEY submitted by SIGRID BALCHEN in partial fulfilment of the requirements for the degree of Master of Education in School Psychology.

Abstract

The purpose of this study was to investigate the opinions of professionals from the Brandon Guidance Clinic, Brandon, Manitoba and the opinions of professionals who refer clients to the Guidance Clinic regarding the services offered by the Guidance Clinic in Brandon. The author examined in some detail one major function of the Clinic, namely, educational assessment by psychologists.

Information regarding the professionals' perceptions of the Clinic's services was obtained by mailing questionnaires to all professionals of the Guidance Clinic and to all members of the following seven professional groups employed in the city of Brandon: elementary school principals, special education personnel in the elementary schools, elementary school teachers, public health nurses, social workers, welfare workers and medical doctors. Questionnaires were sent to 319 professionals. Two hundred and twenty-six of the two hundred and sixty-seven returned questionnaires were usable for data analyses.

The findings indicated that a large number of non-Clinic professionals felt poorly informed regarding the services currently offered by the Clinic. However, non-Clinic professionals appeared more clear in their opinions of what services ideally should be offered by the Clinic. These findings suggest that administrators of the Guidance Clinic and Guidance Clinic personnel should give increasing consideration to a more intensive public relations program for the purpose of providing more information about the Clinic's services, its aims and purposes, to non-Clinic professionals as well as the general public.

Professionals' responses to questions related to the psychoeducational assessment function of the Clinic indicated that the majority of professionals perceived that Clinic psychologists currently provide educational assessments and ideally should provide such services. The Brandon Guidance Clinic has been involved in educational assessments for many years. It has continued to perform this function because very few educational psychologists have been employed by the Brandon School Division to date. The implication of these results seems to be that professionals in the Brandon area perceive the necessity of the Clinic's educational assessment services and are aware that the Clinic will be involved in this area until the Brandon School Division is in a position to employ sufficient educational psychologists to meet its own assessment needs.

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CHAPTER I

INTRODUCTION

Public institutions, such as the Brandon Guidance Clinic, in Brandon, Manitoba, offering free public service, generally have at least one universal problem. Employed professional workers are often overloaded with work, and, in order to provide the best service under existing circumstances, little time and quite probably no staff are available to carry out any type of research to determine the effectiveness of their services in the community. The Brandon Guidance Clinic provides service for a varied number of other institutions and departments, as well as private individuals. Because of the wide range of services which the Clinic provides to these various groups, it seems fitting that the administrators and staff of the Clinic should be concerned about providing the best possible community service.

There are a number of public and private agencies in the Brandon area and surrounding rural districts, which offer social services. These social services come under the following broad categories: social welfare, education, physical health, and mental health. The different community agencies specialize in one or a number of these areas.

The Brandon Guidance Clinic provides service under three of the above broad classifications, namely, mental health, social welfare and education. Clients are referred to the Clinic by professionals from other community agencies, or by self-referral.

When a person is referred to the Clinic for help, it might be assumed that the referral sources had a reason for choosing the Clinic over some other agency in the community. The professional worker from another agency refers clients whom he or she feels may be better served by the

Guidance Clinic, than by his or her own agency. Unfortunately, there are times when a client is referred to the Clinic because no other service is available elsewhere, or, because the professional worker is uninformed about other agencies which may be able to serve the client more adequately.

When a professional worker makes a referral to the Clinic, it is assumed that he or she has some information regarding the services offered by the Guidance Clinic. This information may be based on past experience with the Clinic's services, publications of the agency, from mass media coverage of the agency, from public lectures or informative talks given by Clinic staff members, from consultation with Clinic staff members, or from hearsay or rumor.

In some cases, a client is referred to the Clinic by a professional worker from another agency, when the client could perhaps be served more adequately by some other agency. When this happens, it is often assumed that the professional worker did not have sufficient information about the Clinic's services, or perhaps was forced to use this service for lack of a more appropriate one. It is important that the staff of the Clinic are made aware of such problems. In order to alleviate such referral problems, they might find it worthwhile to provide more information about the Clinic's services through an intensive public relations program, or consider the appropriateness of providing a new service, if that particular service is not presently common to the Clinic. Since information about its services is very vital to the continuous and optimal functioning of the Clinic, the author investigated this issue by obtaining the opinions of seven non-Clinic professional groups concerning the services currently offered by the Clinic. In addition,

these seven professional groups were asked to indicate their views on what the Clinic ideally should be providing as community services. The non-Clinic professional groups selected for this study were elementary school principals, elementary school teachers, special education personnel in the elementary schools, public health nurses, social workers, welfare workers and medical doctors.

Professionals at an agency such as the Guidance Clinic probably have their own views concerning the effectiveness of the services which they are providing. Sometimes, they are unaware of the range of services provided by their own department and they may have some ideas concerning services which they consider should or should not be offered--whether such services are or are not existent at the present time. Therefore, the author investigated this issue and attempted to determine how Clinic professionals regard what the Guidance Clinic currently does, and what the Clinic ideally should do. The Guidance Clinic professional group included the psychologists, social workers, a psychiatrist and a speech therapist employed by the Guidance Clinic.

The quintessence of this study was to offer information about professionals' perceptions of the Guidance Clinic to the administrative staff of the Clinic. The information from this study, in conjunction with other available data, could be studied by the administration as future improvements may be planned.

This study of professionals' perceptions of the Guidance Clinic could serve to reveal gaps in information or misunderstandings on the part of professionals regarding the services offered by the Clinic.

Such findings would be of considerable value in planning public relations programs aimed at helping the public to become better informed about such services. Another important contribution which this study could make lies in its implications for future research. Because of the intensive nature of the study, trends and interrelationships may be noted in the findings which may prove to be well worth testing on a larger population.

Need for the Study

The author, having been a member of the Clinic team for thirteen months in the period 1966-67, and having had some personal contacts with professionals from other agencies, became very interested in determining how aware these people were of the services provided by the Clinic. Are the different groups of professionals adequately informed concerning all services available to them, or are they only aware of a few basic services which seem to be fulfilling their present needs? Would they be using the services more extensively if they were better informed?

The Director of the Guidance Clinic often expressed the desire to have some type of feedback on the Clinic's services, as perceived by referral groups. He saw this information as essential for obtaining suggestions for improvements and changes in existing services. Thus the author was given much support and encouragement to conduct a study which might provide some of the answers.

In the course of the study, the researcher determined to investigate one major service of the Guidance Clinic--educational assessments by psychologists. The Guidance Clinic has provided an extensive

educational assessment service for the Brandon School System for many years. In recent years, this area of service has proved to be a controversial one. The issue at hand, specifically, is whether Guidance Clinics, which do not employ educational psychologists, but rather clinical psychologists, should be involved in educational assessments. The various professional groups' responses to questions relating to educational psychological services could provide some useful feedback to administrators in the fields of education and public health who are in a position to make decisions as to the allocation of psychological services.

Definition of Terms

The following definitions were provided in order to familiarize the reader with the terminology that is used in this study:

The Guidance Clinic Personnel, or Clinic Personnel or Guidance Clinic Professionals referred to the psychologists, the social workers, the psychiatrist and the speech therapist employed by the Brandon Guidance Clinic. The Guidance Clinic Personnel, or Clinic Personnel or Guidance Clinic Professionals denoted one group, namely, the Guidance Clinic group for this study.

The Professional Referral Groups or non-Clinic Professionals referred to seven different groups of professionals, namely,

1. elementary school principals;
2. elementary school teachers;
3. special education personnel in elementary schools;
4. public health nurses;
5. social workers;
6. welfare workers; and,
7. medical doctors, who are in a position to refer clients to the Guidance Clinic.

According to The Psychologists Registration Act of Manitoba, the term psychologist refers to a person who

has produced evidence of having received, from an educational institution approved by The University of Manitoba, a doctoral degree based upon a program of studies the content of which was primarily psychological and has passed such examinations as may be authorized by this Act or the by-laws, rules or regulations of the council.

or a person who

- a) has received from an educational institution approved by The University of Manitoba, a doctoral degree based upon a program of studies the content of which was primarily psychological;
- b) has at least two years' professional experience in rendering psychological services satisfactory to the council; and;
- c) applies for registration on or before the thirty-first day of December, 1972.

or a person who

- a) has received from an educational institution approved by The University of Manitoba, a master's degree or equivalent based upon a program of studies the content of which was primarily psychological;
- b) has had at least four years' professional experience in rendering psychological services satisfactory to the council; and
- c) applies for registration on or before the thirty-first day of December, 1972.

or a person who

when he applies for registration is authorized to practice in any other province of Canada or in any other country as a psychologist, if, in the opinion of the council, after consultation with The University of Manitoba, the standards required for admission to practice in that province or country or that province or state are equivalent to or higher than the standards required for registration under this Act (The Psychologists Registration Act, Bill No. 40, Chapter 47, Legislative Assembly of Manitoba, April 27th, 1966, pp 421-422).

This Act stipulates that

any person not registered under this Act who assumes the title of psychologist, or in any manner represents that he is a psychologist, or uses a title or description of services, containing the word "psychological", "psychologist" or "psychology" or any derivative thereof or in any way holds himself out to the public as such for hire, gain, or hope of reward, or by false or fraudulent declaration attempts to procure registration under this Act, is guilty of an offence.

The Act provides one exception to the above stipulation. It indicates that nothing in the above stipulation

shall be construed as limiting the activities or services of, or the use of the title of psychologist by, a person employed as a psychologist by the Government of Canada, the Government of Manitoba, a university of Manitoba, or the board of a school district or division or a hospital within the meaning of The Hospitals Act or other like bodies or agencies thereof while acting in the course of his employment. (The Psychologists Registration Act, Bill No. 40, Chapter 47, Legislative Assembly of Manitoba, April 27th, 1966, p. 422).

For purpose of this study, the term Psychologist when used in reference to the Brandon Guidance Clinic, was used collectively to include all personnel trained at the Bachelor's level or beyond, employed in the psychology department and classified as psychologists under the Government of Manitoba's classification schedule.

The term Educational Psychologist or School Psychologist as used in this study referred to a psychologist with specialized training and/or experience in education (Magary, 1967).

Psychoeducational Assessments, Educational Psychological Services or Educational Assessments by psychologists in this study referred to the application of established psychological principles of learning, motivation, perception, thinking, child development, and emotional relationships to the study of the behaviour of school children and

their educational concerns. Such services include the individual evaluation of pupils and the subsequent counseling and consulting of parents, pupils and teachers regarding the prevention, remediation, and placement of children of educational concern (Magary, 1967).

Overview of the Study

In this investigation, the researcher proposed to examine how several professional groups viewed the services offered by the Brandon Guidance Clinic in Brandon, Manitoba. A comparison was made between how the various professional groups regarded what the Clinic currently does and what the Clinic ideally should do. The author studied in some detail the opinions of the various professional groups regarding one major service of the Clinic, namely, educational assessment by psychologists.

Limitations and Strengths of the Study

A total sample was used in this study. Every member of the seven referral groups and the Guidance Clinic group was sent a questionnaire. A return of 83.7 percent was obtained. This far exceeds the average return of fifty to sixty percent for survey-type designs. (Travers, 1969)

The complete anonymity of the questionnaires was both a strength and a severe limitation in that there was no way of knowing which persons had not returned their questionnaires. In such a case, there was no way of sending reminders to delinquent subjects only, in order to obtain a greater percentage return. Letters of reminders were sent to all subjects.

Assumptions

The study was carried out under the assumption that the questionnaire was valid and that professionals did freely and honestly express their opinions about the Guidance Clinic's services. Guilford (1954) pointed out that attitudes can be measured by the opinions that individuals endorse as their own, and that opinions can be calibrated.

Organization of the Thesis

Following the introduction on the nature and purpose of the thesis in Chapter I, a review of the literature, with emphasis on development of guidance clinics and their various services in the community, was discussed in Chapter II. Chapter III contained a discussion and description of the design of the study and the methods of collecting data. Chapter IV contained an analysis of the data. A summary of the results, their implications as seen by the writer, and recommendations, where appropriate, were presented in Chapter V.

CHAPTER II

Introduction

This chapter focuses upon the concept of guidance clinics. An overview of the literature on guidance clinics and mental health clinics is provided to acquaint the reader with the history and traditional approach to child guidance. Special reference is made to the history of the Brandon Guidance Clinic and its expressed functions in the community.

In addition, research related to this study is summarized and discussed.

SOME RELATED LITERATURE

The Concept of "Guidance Clinic"

Basically, (child) Guidance Clinics are designed to investigate and observe (children) people who are in need of help or who have problems from an intellectual, emotional or environmental point of view. The specific team of workers involved in a clinic normally consists of psychologists, psychiatrists and social workers. In addition, there may be pediatricians, speech therapists and others where and when required. Not every member of the team is involved in each investigation, but the important aspect of teamwork is that specialized opinion is available where required and appropriate personnel can be brought in when needed.

The Guidance Clinic Movement

The practice of treating the psychological problems of children by psychological methods is at least 80 years old. Similarly, the treatment

of the problems of school children is not a new venture. In 1896, Witmer, at the University of Pennsylvania, established a clinic primarily concerned with the adjustment of children to the school situation. The first journal of child psychology, planned by Hall (1891), was designed to focus on "educational literature, institutions and progress" (Kranzler, 1969).

The social reforms of the time provided both the motive and the climate for the growth of child guidance efforts. Child labor laws were passed and compulsory education became the norm. As a result, children with problems became more visible in school than they had been when they were hidden away at home, left to roam the streets, or employed in a dark sweatshop. Also, society became aware, through reading books such as The Mind that Found Itself (Beers, 1908), that childhood problems could not only be cured but prevented as well. These and other events led to the founding in 1909 of the National Committee for Mental Hygiene--dedicated to the prevention and cure of mental illness--and to the establishment of a number of psychological clinics for children (Kranzler, 1969).

Despite the early interests of Witmer and Hall, the child guidance movement never became firmly or officially attached to the schools. Relatively autonomous "child guidance clinics" sprang up here and there, usually in large metropolitan areas.

Soddy's (1960) opening statements in the preface of his book offer a brief account of the origins of the Guidance Clinic Movement:

Child psychiatry owes its emergence as a distinctive medical discipline to the invention of Child Guidance by William Healey and his associates. This, originally, was the team approach of psychiatrist, psychologist, and social worker to the problems of juvenile

delinquency; and even in this narrow form, child guidance is no more than about fifty years old. The team approach gained in popularity only very slowly and the first Child Guidance Clinic designed for the broader field of children's difficulties was not opened until 1921, in New York. Ten years later, professional training in child guidance disciplines became available in a small way in Great Britain, but it was not until after the close of the Second World War that the movement assumed any nation-wide significance here (Soddy, 1960, p. iii).

The establishment of guidance clinics in Canada was definitely influenced by the developments of the guidance clinic movement in the United States and Great Britain. The beginnings of guidance clinics date back to the early 1920's, when such clinics were opened in the form of out-patient services offered by the mental hospitals.

Many of the guidance clinics or mental health centres, as some are called, were established as out-patient departments of mental hospitals. These were intended to serve the children and adults of a community or surrounding district, who needed psychiatric treatment, but who did not require hospitalization. In some areas, the psychiatric services for both in-patient and out-patient, adult and child clientele, have remained as an integrated unit called a community mental health centre.

A number of writers (Nixon, 1957; Robinson, Demarche and Wagle, 1960; Smolen, 1963; Foley and Sanders, 1966; and Orn, 1968) in discussing the various treatment facilities for mental disorders provide information about the development of the comprehensive community mental health centre and the development of child guidance clinics. Very often, there are only two differences between the two types of facilities; (1) the age range of clients, and (2) in-patient facilities as part of the clinic.

Smolen (1963) pointed out that both historically, and in terms of clearly expressed current community wishes, child guidance clinics are

responsible for three major functions: 1. treatment; 2. education (including both lay and professional, consultation, and training); and 3. prevention (which includes research, public health, and involvement in all aspects of community problems which adversely affect the mental health of children and their parents). Smolen suggested that clinics, regretfully, in the course of their development, have concentrated more and more on the treatment aspect of their function and ignored or merely paid lip service to the other functions.

In Foley and Sander's (1966) discussion of a comprehensive mental health clinic, they described an out-patient as well as an in-patient residential treatment centre. Such a centre provided preventative services and after-care, that is, follow-up services which supplemented the active treatment program. Foley and Sanders suggested, that, in addition to diagnostic and therapeutic activity, the mental health clinic should include the following functions:

1. Provide an information and referral service.
2. Provide ongoing consultation and education to personnel of other community agencies.
3. Delineate the need for new services and co-ordinate existing services.
4. Carry on an active program in evaluation and research, being particularly concerned with the development of instruments to measure program effectiveness.

Nixon (1957) discussed the function of a guidance clinic but emphasized the preventative role of the clinic. The functions he indicated were:

1. To provide psychotherapy for children and their parents.
2. To train psychiatrists, social workers, clinical psychologists, and nursery school teachers.
3. To carry out research on mental health principles

- and professional practices.
4. To provide mental health education for professional and lay persons in the community who are working with children. (Nixon, 1957, p. 9)

Robinson, Demarche and Wagle (1960) also outlined the functions of a mental health clinic. They pointed out that:

...the clinic accepted persons of any age... referrals came predominantly from the schools. Other sources of intake were largely self or family referrals, and some persons being advised to apply by the clergy, police, social agencies, and physicians. In turn, the clinic referred back to school counselors, family service, and child placement agencies. Consultation conferences were held routinely with referring sources. (Robinson, Demarche and Wagle, 1960, pp. 280-281)

Orn (1968) provided a discussion of the Alberta Guidance Clinic in Edmonton, Alberta. He included a statement of objectives of the Clinic as follows:

- A. To provide a preventative mental health service.
 1. To offer a diagnostic and referral service.
 2. To offer a treatment out-patient service.
 3. To offer a consultative service.
 4. To establish and promote liaison between family physician, teacher, minister, priest, community agencies, and referred families.
- B. To promote public education in the mental health field.
 1. To give talks and lectures to interested groups.
 2. To lead seminars and discussion groups.
 3. To show films and present tapes (audio only).

4. To use radio, television, and press whenever practical to do so.
- C. To promote training programs that stimulate and deepen knowledge in psychiatry, social work, and psychology, particularly in the field of child development.
1. To work closely with University Departments of Psychiatry and Psychology, and with the School of Social Work.
 2. To provide training by affiliation in the three professional disciplines of psychiatry, psychology, and social work.
- D. To foster research with particular emphasis on evaluation and improvement of Guidance Clinic procedures.
1. To improve the diagnostic treatment and consultative services offered at the Clinic.
 2. To establish the Guidance Clinic as a sound progressive and scientifically oriented unit. (Orn, 1968, pp. 17-18)

In summary, a number of differences exist between guidance clinics and mental health clinics. Mental health clinics usually encompass a broader range of facilities and services. They generally accept individuals of any age, provide in-patient as well as out-patient treatment, while the guidance clinics usually accept clients who are children or adolescents and offer out-patient treatment only. However, the services outlined in the literature (Nixon, 1957; Robinson, Demarche and Wagle, 1960; Smolen, 1963; Foley and Sanders, 1966; and Orn, 1968) suggest a number of activities which both types of clinics should include:

1. Both clinics should see individuals for diagnosis.
2. Both clinics should see clients for treatment, in group or individual sessions.
3. Both clinics should engage in consultative activity with other community agencies.
4. Both clinics should conduct research related to mental health.
5. Both clinics should offer a preventative mental health program as part of their services.

Description and History of the Brandon Guidance Clinic

Western Manitoba has had from 1921, the unique fortune to have as part of its psychiatric services, a constituted out-patient program and very distinguished leaders in the psychiatric field have been associated with it. This out-patient program was a service provided by the Brandon Hospital for Mental Diseases.

By 1931, the emphasis of this program was on children and their problems. Dr. Cameron and Dr. Creasy, psychiatrists involved in this out-patient program, were particularly interested in applying measurement and psychological tests that would estimate the child's physical, intellectual, and emotional status and they worked closely with the schools and social agencies. In that year they instituted weekly Mental Health Clinics in the city of Brandon, and in 1932, Dr. Cameron instituted travelling clinics to extend the work. Home visits were commonplace too in the next few years.

In 1939, Dr. Shultz, the Medical Superintendent of the Brandon Hospital for Mental Diseases, constituted the out-patient work as a separate department. The department became known as the Adult Out-Patient

Department and Child Guidance Clinic, thus, the emphasis was on adults as well as children, by this time.

In 1940, the directors of the Adult Out-Patient Department and Child Guidance Clinic submitted a statement of policy as follows:

In conclusion we wish to state that the policy of the Provincial Child Guidance Clinics in Brandon will be to continue and further our service to the community. Our aims may be summarized as follows:

1. To maintain uninterrupted weekly clinics in the city of Brandon.
2. To encourage repeated visits from children with problems; to base our results, not on the number of cases seen, but on the end results as established by follow-up reports.
3. To continue annual intelligence tests of all school beginners.
4. To establish a functioning special class for retarded children in the schools.
5. To make and maintain definite contact with teachers by addresses, personal conversation and circular letters.
6. To work in close co-operation with all social agencies and departments.
7. To institute mental hygiene as an integral part of community life.
8. To expand our services to the community in such fields and at such opportunities as may from time to time arise. (Annual Report of the Adult Out-Patient Department and Child Guidance Clinic, Brandon Hospital for Mental Diseases, Brandon, Manitoba, 1940, complete document).

In the 1940's, rural Manitoba Health Units were established, and requests for diagnostic and evaluation services for children were made to the Clinic from areas outside of Brandon. On occasion, a psychiatric

team of a psychiatrist and psychologist visited these local health units on request to examine children.

The Brandon Hospital for Mental Diseases has remained the only real source of psychiatric treatment in the western part of Manitoba, and the concept of community psychiatric service became readily apparent when, in 1960 and 1961, regular travelling clinics were instituted to all established health units in the western part of the Province. Clinics were started on a monthly basis to Virden, Neepawa, Dauphin and Birtle, and approximately every three months to Swan River, The Pas and Flin Flon. In 1970, the Guidance Clinic, as it was by this time named, established regular services to the Southwest Health Unit at Killarney through a monthly travelling clinic.

The size of the Clinic staff has increased considerably, since its earlier days of operation. In 1971, at the time this study was conducted, the staff consisted of one psychiatrist, twelve psychologists, two social workers, one speech pathologist and audiologist, one nurse receptionist, and four clerical staff.

The Clinic offers service to an area of 258,000 people from The Pas in the north to Killarney in the south. In 1971, the year of this present survey, the staff dealt with 691 children's cases and 75 adult cases. In addition, 1117 children and 151 adults were seen on the regular travelling clinics throughout the year.

The Brandon Guidance Clinic has endeavored to maintain and perform the activities as set forth in the policy statement submitted in 1940.

In conclusion, the activities and objectives of guidance clinics and mental health centres, as presented in the literature, seem similar to the stated functions of the Brandon Guidance Clinic.

Educational Assessment - A Major Activity

There were no educational psychologists in the school systems in the area served by the Clinic; therefore in 1971 about fifty percent of the Clinic workload was directly related to problems of children in school.

The psychologists were assigned specific schools within the Brandon School Division. Thus they visited their various assigned schools for assessments and consultations with parents and teachers.

In the annual Report of the Guidance Clinic (1970), Dr. Parker stated:

As a clinic we are adapting to the newer organization within the school divisions, i.e. with the changing grant system and emphasis on special education. There are more specially trained teachers dealing with the problems of school children in the school setting, either as consultants or resource people, therefore our more direct involvement at the school level is natural (Parker, 1970, p. 3).

The educational assessment and consultative function of the Clinic proved to be a controversial issue, when the author began consulting the related literature. The issue at hand--should guidance clinic personnel be involved in educational assessment and consultation or should only personnel trained in educational psychology be employed for this purpose? More specifically, the issue becomes whether psychologists and other social service personnel should require teacher training in order to be of most help to children in a school setting.

Kranzler (1969) decried the fact that guidance clinics in general do not have enough contact with schools. He stated that:

A most unfortunate aspect of the child guidance clinic idea is, in my opinion, that it has no official relationship with the school, which is the only institution in our society that comes into contact with all of its children, the only setting in which early identification and prevention of emotional and other problems can occur.
(Kranzler, 1969, p. 49)

Berkowitz (1968), Caplan (1961), The Joint Commission on Mental Health (1961), Sanford (1966) and Sarason et al. (1966) discussed the issue of the extent of interaction between guidance clinics and public schools. They all reached the conclusion that we are very far from the close contact and collaboration between clinics and educators which has been so strongly emphasized.

Berkowitz (1966) and Sarason et al. (1962) discussed the role of the clinical child psychologist in the schools. In their opinion, clinicians have evinced an increasing interest in the area of education and have contributed significantly to the various role changes and developments in the schools. However, at times, many clinicians experience difficulties communicating in a meaningful manner with educators (Bower, 1964). Berkowitz (1966) concluded that clinicians in their training would benefit from the opportunity of spending some time in a context where they could engage in relatively free communication with teaching personnel. They could thus become acquainted, in a meaningful manner, with the goals of the educational process and the techniques best suited to furthering these goals.

An approach to the problem of the mental health of children must take the form of a coordinated collaboration between the school and the

child guidance clinic (Ross, 1964). If the school is fortunate to have the services of a school psychologist, the school can look upon him or her as a consultant to teachers and administrators. Ross suggested that the school psychologist's time is too valuable to be used for long term treatment of individual children with emotional problems. Thus he recommended that the psychologist should limit his or her activities to early identification and referral to a guidance clinic or other appropriate agency. Once referral has been made, the school psychologists should further fill the vital function of coordinating the efforts of clinic and school. Thus Ross has emphasized the importance and the need for an outside treatment source, such as a guidance clinic, in the treatment of school children with emotional problems. He concluded that it will be many years before schools will have enough therapists to treat every child in the school who is in need of help (and this includes treating the parents), and thus the most rational use of the few highly skilled school psychologists we now have would clearly seem to be in consultation, early identification, referral, and liaison with treatment facilities in the community.

Klein (1963) presented another argument which favors the utilization of consultants outside of the school setting. He described the activities of a mental health centre in Wellesley, Massachusetts. The activities included discussions with parents of children entering kindergarten, workshops for teachers, consultations with teachers about individual pupils and groups of children, identification of children with problems, and short-term therapy. Here it is believed to be helpful for the mental health consultant to come from a base outside the school itself. Such a

person is less subject to pressures from within the system and is more easily able to maintain objectivity. The consultant is also less apt to be seen as a supervisor or a person whose evaluations may affect the teacher's professional career.

Two other studies, Cook (1969) and Pazdur (1969) demonstrated that the nurse in the school setting with specialized training can help in alleviating and/or resolving emotional difficulties in working with children in a school setting, and can also help them relate more effectively with each other. The school nurse works as a member of a health team. She is a resource person, teacher and liaison, as well as one who continues to help the child who deviates from normal both physically and psychologically.

The type of training required for personnel who work within educational settings proved to be a controversial subject. A number of writers have dealt directly with this issue.

Isabelle (1970) addressed the issue using counselors as an example:

According to self and vocational self-concept development theory it is not necessary for counselors--or pupil personnel workers generally--to first become teachers. On the contrary this is an impediment to self and vocational self-concept development as a counselor; and education of counselors, like education of teachers, lawyers, etc. ... can and must exist in its own right. (Isabelle, 1970, p. 165)

We have seen that insisting on teacher education and experience as a prerequisite is not only questionable--for a number of reasons already given--but the writer's last point is that it is a very restrictive practice indeed. Restrictive because it is obvious that good counselors can and are found outside the teacher ranks. (Isabelle, 1970, p. 172)

Bardon (1966) carried out a study on the Perception of the Role of the School Psychologist as Related to Teaching Experience and

Educational Background. On the basis of this study, no strong argument could be made for the inclusion of teaching experience or training as a prerequisite to training in school psychology. The study indicated that teaching experience or background may have both an advantage and a disadvantage. The advantage may be somewhat more empathy for the teacher and sensitivity to broad educational functions. The disadvantage may be over-emphasis on individual counseling, subject to criticism on the basis of its questionable efficacy, as well as on the basis of realistic consideration of the proportion of a school psychologist's time such counseling consumes.

Support is offered for the point of view that a program of training in school psychology, oriented toward the schools and including graduate work in education and supervised experiences in a school setting, is as effective a means of developing appropriate attitudes towards working in the schools as is teacher training or experience. A number of writers supported this point of view (Johnson et al., 1961; Arbuckle, 1966; and Ricker, 1969). As Johnson et al. (1961) pointed out--the key concept here is not whether a person has taught children, but whether he or she is the type of person who can relate well to both children and adults and who is competent to deal with them in an educational setting.

McMurray (1967) presented another point of view which suggested that teaching experience or teacher education were not the essential requirements for a school psychologist. He approached the issue this way:

A crucial problem here, and one often overlooked, is that educators and psychologists view the learning process in quite different ways. Although both may emphasize individual differences in children, the

educator tends to emphasize cognitive differences in children, even though Dewey and Freud would have agreed, I think, that knowledge is just a form of "cognitive shellac" and is seldom a crucial component of behaviour. Do not meaningful educational responses result only when events are experienced by an individual and are dependent upon our attitudes and emotions which function as information selectors, or differentiators of knowledge and as integrators of new thoughts? Thus while the educator is essentially task centred, the psychologist is essentially ego centred. The psychologist is not just concerned with the learning process but with "unlearning" or "unmediating" processes. For these reasons, I would disagree with Barrett (4) when he suggests that a school psychologist should be an educator first and a psychologist second. Rather, I would agree with Bower (16) that "in order to score, psychologists must learn to play the school game, utilizing their own training, knowledge and skills and accepting the school's rules, goals and game strategies. The nature of the interaction between the two professions must be one that strengthens the on-going processes and objectives of the educational institution and not one of appending a variety of other processes and objectives on the body of the school." (McMurray, 1967, p. 211)

Kell (1961), Rosecrance and Hayden (1960), and Wrenn (1962) presented a strong argument in favour of teaching experience for counselors and other pupil personnel workers. They suggested that it indicates a commitment to education; it facilitates acceptance and cooperation from the faculty; and it is by far the best way to thoroughly understand the teacher-student relationship.

Paterson (1970) offered support for the views of the above writers.

He stated that:

If a psychologist, social worker, or counselor chooses to practice his profession in a school setting, he becomes committed to goals of education. (Paterson, 1970, p. 161)

Paterson maintained that through teamwork rather than duplication of services, each pupil personnel worker should be working to help each child in school achieve in line with his or her potential. To achieve such a goal, he indicated a need for all pupil personnel workers to have knowledge and experience with teaching and learning. Thus, the writer contended that knowledge about teaching can best be obtained through teacher training and/or classroom experience.

Paterson concluded that:

... pupil personnel workers must understand not only children, but children in a school setting, and their common base should be an understanding of, and experience with, the educative process. (Paterson, 1970, p. 163)

Clair and Kiraly (1971) discussed the role of the school psychologist in the 1970's with reference to the situation in the United States. They deplored the fact that many school psychology programs have produced school psychologists who have more knowledge in clinical, therapeutic, and learning areas than in such school areas as psycho-educational diagnosis and prescriptive remediation. Such programs have created paramedical clinicians who are ineffective in working with children and unable to prescribe educational remediation. They indicated that superintendents of schools are well aware of this problem. Thus, when considering applicants for school psychology positions, they are demanding a prime knowledge of the teaching process from their prospective applicants. Above all, these educational leaders no longer wish to hire those who lack experience in classroom learning and the school curriculum.

Two studies, based on school counselor's qualifications, reached the same conclusions as the above. Fredrickson and Pippert (1964)

found school personnel and particularly administrators preferred counselors with teaching experience. These findings are supported by Peterson and Brown (1968) who also noted respondents with teaching experience seemed able to provide better vocational information than their counterparts who had not been in a classroom.

Two of the professional groups surveyed in Orn's study (1968) viewed the following educational assessment and consultation activities as inappropriate functions for the staff of the Alberta Guidance Clinic:

1. Recommend special educational procedures (at least 25 percent of the Guidance Clinic group and the School Psychologist--school social worker group viewed this as inappropriate).
2. Advise on special educational placement (25 percent of the Guidance Clinic group).
3. Diagnose reading problems (25 percent of the Guidance Clinic group).
4. Assess suitability of a particular educational program for a particular individual (25 percent of the School Psychologist--school social worker group).
5. Assess factors related to poor school progress (25 percent of the School Psychologist--school social worker group).

These findings seem to offer some support for the argument that school personnel workers are better equipped to deal with educational assessments than professionals outside the school setting.

The Blair Commission studied all aspects of mental health services in Alberta. The report, Mental Health Services in Alberta, 1968, set guidelines for changing and developing Alberta's mental health services for the next ten to twenty years.

The Blair Commission report made an observation concerning the educational activities of guidance clinics. Blair stated that guidance clinics make educational recommendations but their workers have no training in education per se; educational recommendations exceed number of recommendations for treatment in the clinic or modified home management by the parents.

The CELDIC Report (1970) painted a rather bleak picture of existing social services offered to children in Canada. The general problem was summed up nicely in the report:

Conservative estimates tell us that one child in eight, or around one million Canadians under twenty-one years of age, have an emotional or learning disorder that will prevent optional development unless some intervention takes place. (CELDIC, 1970, p. 5)

The report discussed the assessment needs of these children and the services which should be available to them. The report stated:

We were frequently distressed by the isolation of the school from the sources of help in the community. It is because we are agreed that the child must be kept within the regular system that we deplore the isolation of the schools. (CELDIC, 1970, pp 4-5)

If children with special educational needs are to receive a proper and comprehensive assessment, and if effective use is to be made of the existing facilities, it seems to us that for the majority of children, educational assessment facilities will have to be developed within the school system itself. These would use consultant services as needed, but would recognize financially and in terms of personnel the primary responsibility of the school system to provide such services. (CELDIC, 1970, p. 134)

There will be some children within the school system for whom a clinical diagnosis involving a specialized, multi-disciplinary approach is required. We see the provision of this as a community, not an educational responsibility; but we regard it as essential that for children with emotional and learning disorders, the teacher be recognized as a key person in the diagnostic and treatment process.

We believe that it is essential that there be close liaison between community clinics serving children and the schools that they attend and that this liaison should invariably provide for direct communication between clinic personnel and the child's teacher. (CELDIC, 1970, pp. 134-135)

Summary

A number of writers' points of view concerning the training required for personnel involved in educational assessment and consultation have been presented. The majority of writers agreed that personnel dealing with school oriented problems, ideally should possess, in addition to their special area of training (whether it be psychology, social work, counseling, etc.), a thorough knowledge of the educational process. Above all, they must possess the desire and the skill to relate well to children and adults in a school setting.

Findings of the Blair Report (1968) and the CELDIC Report (1970) indicate that there will be a shortage of trained personnel in many school districts for some time. Thus these studies recognize the importance of the continued use of services provided by guidance clinics. They suggest that someone interested in working to alleviate difficulties is better than no one.

Indications are that the Brandon Guidance Clinic will continue to provide psychological services to the Brandon School System and surrounding school districts for a considerable period of time. Although the Department of Education for the Province of Manitoba now provides grants for pupil personnel workers to be employed by unitary school divisions, very few personnel have been engaged to date. Thus, the Brandon School Board and surrounding rural school boards rely heavily on the Brandon Guidance Clinic to provide educational assessments.

The CELDIC Report (1970) and the Blair Report (1968) have stressed the importance of bringing services closer to the source of the problem. Thus they have emphasized the importance of providing educational assessment services by psychologists within the school system. Then the child is assessed in a familiar surrounding and not obliged to move into an unfamiliar setting for help. The Brandon Guidance Clinic is cooperating with the Brandon School System in this respect. Each psychologist is assigned to certain schools and visits them on a regular basis for assessment of pupils and consultation with parents, principals, and teachers.

CHAPTER III

DESIGN OF THE STUDY

This research was designed to examine a number of professional groups' opinions of the services offered by the Brandon Guidance Clinic. It sought to determine how well the different professional groups felt they were informed about the existing services of the Clinic. In addition, the research was designed to determine professionals' attitudes about the ideal functions of the Clinic. Respondents were asked to indicate whether a certain stated function should ideally be a service provided by the Clinic.

The Sample

The sample for this study was drawn from all individuals in one of the following professional groups in Brandon:

1. Guidance Clinic Personnel--included a psychiatrist, 12 psychologists, 2 social workers, and a speech therapist.
2. Social Workers who were members of the Manitoba Association of Social Workers and were employed by the Government of Manitoba, Department of Health and Social Services and the Children's Aid Society of Western Manitoba.
3. Welfare Workers who were employed by the City of Brandon Social Service Department, the Government of Manitoba, Department of Health and Social Services, and the Children's Aid Society of Western Manitoba. This group included all social service workers who were not eligible for membership in the Manitoba Association of Social Workers (that is, persons with less training than a Masters of Social Work degree).
4. Elementary School Principals employed by the Brandon School Board.

5. Elementary School Teachers employed by the Brandon School Board.
6. Special Education Personnel in the Elementary Schools employed by the Brandon School Board.
7. Public Health Nurses employed by the Government of Manitoba, Department of Health and Social Services.
8. Medical Practitioners who worked in private practice.

The names of all personnel in the above eight groups were supplied by the various cooperating agencies or professional associations which these personnel represented.

Questionnaires were sent out to the total population of 319 professionals in the above named groups. Eighty-three percent (267 questionnaires) of the questionnaires sent were returned by the respondents to the investigator. Forty-one of the questionnaires could not be used in the analysis of data because the respondents failed to complete all parts of the questions. Therefore, 226 questionnaires were used in the analysis of data. A summary of the questionnaire returns has been presented in Table I.

TABLE I

NUMBER OF QUESTIONNAIRES SENT AND RETURNED

Group	Number Sent	Returned	Percent Returned of Delivered	Usable	Not Usable
Guidance Clinic Personnel	16	16	100	16	0
School Principals	16	15	93.7	15	0
Special Education Personnel	7	7	100	7	0
School Teachers	157	135	85.9	115	20
Public Health Nurses	8	7	87.5	7	0
Social Workers	22	16	72.7	16	0
Welfare Workers	48	37	77.1	37	0
Medical Doctors	45	34	75.5	13	21
Totals	319	267	83.7	226	41

Instrument: Questionnaire

A questionnaire was chosen as the method to be used to collect data. This choice was made because of the number of people involved in the sample. The total population was selected because it was thought that everyone in the named professional groups should be able to express his or her opinion if he or she so desired. Since this study was intended to provide a descriptive survey of professionals' opinions regarding the services of the Brandon Guidance Clinic, the author wished to obtain the responses of as many people as possible. In so doing, it was hoped to provide a more accurate picture of the views of professional groups in the Brandon area regarding the services of the Brandon Guidance Clinic.

Prior to distributing the questionnaire, expert advice was sought from university personnel for its design and content. Suggestions were also made by six graduate students who read the questionnaire as respondents. The suggestions obtained from these sources were supplemented by literature from recent studies on mental health services (Orn, 1968; Blair Report, 1968; and CELDIC Report, 1970). The questionnaire was designed with the purpose of gaining as much information as possible. The construction and selection of items were based on the general guidelines of relevance and practicability (Moser, 1972). That is, they had direct relevance to the objectives of the study, and were worded so that respondents would be able to understand and answer them accurately.

The questionnaire was first written then revised in consultation with University of Alberta staff members; including Dr. J. G. Paterson and Dr. A. G. Scott, both of the Department of Educational Psychology.

In addition, the revised questionnaire was read and approved by Dr. A. H. Moyes, Superintendent of the Brandon Hospital for Mental Diseases, Dr. R. H. Parker, Director of the Brandon Guidance Clinic and Mr. N. Hildebrand, Head Psychologist of the Brandon Hospital for Mental Diseases.

By following the above procedure in constructing the questionnaire, the investigator sought to establish content validity in the instrument. While the above procedure did not conclusively establish the face validity of the questionnaire which can be regarded as a survey of opinions, the questionnaire was nevertheless considered a valid expression of the professionals' opinion of the Guidance Clinic. According to Cronbach:

Attitude tests are most likely to be valid when the subject has no motive to conceal his attitude (Cronbach, 1949, p. 377).

Cronbach stated that:

The self-report test has, by definition, a high degree of validity (Cronbach, 1949, p. 375).

Therefore, since the questionnaire used in this study was a self-report inventory of attitudes towards the Guidance Clinic, and since it was assumed that the professional had no motive to conceal his or her attitude, the questionnaire was deemed a valid measure of the professional's attitudes and opinions of the Guidance Clinic.

No formal pilot study was carried out; however, changes were made in the questionnaire in response to the information sought from others as mentioned above.

The two part Professional Groups' Questionnaire (Appendix A) for the study was partially designed by the author and partially adapted from one developed by Orn (1968).

Part I of the Professional Groups' Questionnaire, an innovation of the author, served the purpose of obtaining the personal data of the respondents. The data included in this part were:

1. the approximate number of referrals the professional had made to the Clinic in the past year;
2. the approximate frequency with which the professional referred cases to the Clinic;
3. the extent to which the respondent felt informed concerning the services offered by the Clinic;
4. the approximate number of years in which the professional had made referrals to the Clinic;
5. the approximate number of years in which the respondent had served in his or her present position.

Since this part of the questionnaire applied to the seven referral groups only, the Guidance Clinic staff was not required to complete Part I.

Part II of the Professional Groups' Questionnaire consisted of seventy-seven question stems which were possible functions of a guidance clinic. The seventy-seven item stems were designed to include the following areas of guidance clinic activities:

1. diagnosis
2. treatment
3. preventative public education
4. consultation with other agencies and individuals
5. training of professional staff
6. research

The respondent was asked to read each question stem and indicate his or her opinion by responding under two assessment categories, namely, "Currently Does" and "Ideally Should". The "Currently Does" category consisted of three response scales as follows:

- 1) Relevancy
- 2) Proficiency
- 3) Frequency

The "Ideally Should" category consisted of two response scales as follows:

- 1) Relevancy
- 2) Frequency

In essence, the questionnaire consisted of two major parts. The first part, or "Currently Does" category was a measure of the manner in which the professional perceived what the Clinic was currently doing. The second part, or "Ideally Should" category was a measure of what the professional felt the Clinic ideally should be doing.

As mentioned earlier, the "Currently Does" section was made up of three separate scales:

1. The "relevancy" scale which was designed to measure whether or not the professional perceived that the Guidance Clinic performed the activity specified by the question stem. The scale had three possible answers: "yes", "no", and "don't know".
2. The "proficiency" scale which was designed to measure how well the Guidance Clinic performed the activity specified by the question stem. The scale had three possible answers:

"well", "adequate" and "poorly".

3. The "frequency" scale which was designed to measure how often the Guidance Clinic engaged in the activity specified by the question stem. The frequency scale had three possible responses: "often", "sometimes", and "rarely".

All subjects did not necessarily respond to the "proficiency" and "frequency" scales for each question stem. It was inappropriate for the respondent to indicate how well or how often the activity was performed by the Guidance Clinic, if the response on the "relevancy" scale indicated the view that the Guidance Clinic did not perform the activity specified by the question stem. Similarly, if the subject responded "don't know" on the "relevancy" scale, it was impossible for the respondent to indicate how well or how often the activity was performed. Thus, only when the response was "yes" on the "relevancy" scale, was the subject directed to respond on the "proficiency" and "frequency" scales.

Two separate scales were designed to measure what the Clinic ideally should be doing:

1. The "ideally should relevancy" scale was designed to measure whether or not the professional felt that the activity stated in the question stem should be a function of the Guidance Clinic. Three response categories were provided: "yes", "no" and "undecided".
2. The "ideally should frequency" scale was designed to measure how often the Guidance Clinic should engage in the activity

stated in the question stem, provided that the response on the "ideally should relevancy" scale was "yes". Three response categories were provided: "often", "sometimes", and "rarely". If the respondent answered "no" or "undecided" on the "ideally should relevancy" scale, no response categories on the "ideally should frequency" scale were provided.

Distribution of the Questionnaires

The names and addresses of 100% of the professionals in the sample were available. A letter (Appendix A) outlining the purpose of the study and procedure for completing and returning the questionnaire was mailed or sent by personal delivery with the questionnaire to each of the professionals in the sample. Stamped, self-addressed envelopes were provided for the return of the completed questionnaires.

Three weeks later, a follow-up letter (Appendix B) was mailed to each professional. Another questionnaire was included in the event the first one had been mislaid.

Analysis of Data

The data collected during the survey were analyzed by frequency tabulation and proportions. Item responses were compared among the eight sample groups in terms of numbers and percentages.

A total population was employed in this study--that is, all members of the eight professional groups making up the sample were sent a questionnaire to be completed. Thus, the writer was interested in reporting the information as obtained to reflect the views of these members only. Therefore, this study was a descriptive survey of eight professional groups' opinions concerning the services of the Brandon Guidance Clinic.

Research Questions

The question of whether Guidance Clinic personnel, namely, psychologists, should be engaged in psychological educational assessments is a controversial one. It was hoped through the present study to shed some light on the issue as it applies to the Brandon Guidance Clinic.

Many of the studies mentioned in the related literature stressed the importance of communication between the various social agencies serving children and adults. This present study was designed to investigate various professional groups' opinions concerning the services of the Brandon Guidance Clinic. The results of this study should offer some information regarding how different professional social service groups view the present services of the Brandon Guidance Clinic. In addition, the results should indicate what these different professional groups view as ideal functions of the Guidance Clinic. In considering these two issues, it was anticipated that some information on the type of communication between the seven referral groups and the Guidance Clinic group could be gleaned.

PERSONAL DATA OF THE SEVEN REFERRAL GROUPS

Tables 2 - 6 provide the personal data of the seven referral groups which responded to Part I of the Questionnaire.

Referrals by Non-Clinic Professionals

Table 2 contains the distribution according to the number of referrals made to the Guidance Clinic in the past year. A large proportion (70 percent or more) of the Special Education Personnel, School Teachers, Public Health Nurses, Social Workers and Welfare Workers

indicated that they personally had referred fewer than five clients. On the other hand, approximately 45 percent of the School Principals and the Medical Doctors indicated that they had made fewer than five referrals. The majority of the remaining members of the School Principal group (46 percent) and the Medical Doctor group (38 percent) indicated that they had referred from 5 to 15 clients to the Clinic in the past year.

TABLE 2

REFERRAL GROUPS' RESPONSE FREQUENCIES
AND PERCENTAGES BY GROUPS

	School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
1. Indicate the approximate number of referrals you personally have made to the Guidance Clinic in the	(1) under 5	7	46.7	5	71.4	103	89.6	6	85.7	12	75.0	29	78.4	6	46.2
	(2) 5 - 15	7	46.7	2	28.6	11	9.6	1	14.3	3	18.8	7	18.9	5	38.5
	(3) over 15	1	6.7	0	0	0	0	0	0	1	6.3	1	2.7	1	7.7
	(4) no response	0	0	0	0	1	0.9	0	0	0	0	0	0	1	7.7
Total	15	*100.1	7	100.0	115	*100.1	7	100.0	16	100.0	37	*100.1	13	*100.1	

*Percentage totals do not always equal 100.0 due to rounding to 1 decimal place.

Frequency with which Non-Clinic Professionals Referred Clients

The approximate frequency with which professional groups referred cases to the Clinic is outlined in Table 3. The five groups which had reported that the majority of members made less than 5 referrals to the Clinic in the past year, also indicated that the majority of members infrequently referred clients to the Clinic. The School Principal members were almost equally divided in frequency count with 46 percent indicating that they referred clients every other month and 40 percent, infrequently. The majority of Medical Doctors fell into three response categories, namely, 23 percent--every month; 23 percent--every other month; and 30 percent--infrequently.

TABLE 3

REFERRAL GROUPS' RESPONSE FREQUENCIES

AND PERCENTAGES BY GROUPS

		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
2. Indicate the approximate frequency with which you refer cases to the Guidance Clinic	(1) every month	2	13.3	1	14.3	0	0	0	0	1	6.3	3	8.1	3	23.1
	(2) every other month	7	46.7	0	0	3	2.6	1	14.3	2	12.5	3	8.1	3	23.1
	(3) infrequently	6	40.0	6	85.7	98	85.2	6	85.7	8	50.0	26	70.3	4	30.8
	(4) not at all	0	0	0	0	13	11.3	0	0	5	31.3	5	13.5	2	15.4
	(5) no response	0	0	0	0	1	0.9	0	0	0	0	0	0	1	7.7
Total		15	100.0	7	100.0	115	100.0	7	100.0	16	*100.1	37	100.0	13	*100.1

*Percentage totals do not always equal 100.0 due to rounding to 1 decimal place.

Extent to Which Non-Clinic Professionals Considered Themselves Informed
About Clinic Services

A summary of the information gathered on the extent to which professionals considered themselves informed concerning the services offered by the Guidance Clinic is presented in Table 4. Only a small proportion of each group indicated that they felt well informed about the Clinic's services. Over 70 percent of the Public Health Nurses reported that they considered themselves adequately informed; while 53 percent of the School Principals and Medical Doctors and 48 percent of the Welfare Workers chose this category. In contrast, 71 percent of the Special Education Personnel and 50 percent of the School Teachers indicated that they felt poorly informed about the Clinic's services. The responses of the Social Workers were more or less evenly distributed throughout the three response categories, namely, well informed, adequately informed and poorly informed.

TABLE 4

REFERRAL GROUPS' RESPONSE FREQUENCIES
AND PERCENTAGES BY GROUPS

	School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
3. To what extent do you consider yourself informed concerning the services offered by the Guidance Clinic.	(1) well	3	20.0	1	14.3	6	5.2	1	14.3	4	25.0	7	18.9	2	15.4
	(2) adequately	8	53.3	1	14.3	49	42.6	5	71.4	6	37.5	18	48.6	7	53.8
	(3) poorly	3	20.0	5	71.4	58	50.4	1	14.3	6	37.5	12	32.4	3	23.1
	(4) no response	1	6.7	0	0	2	1.7	0	0	0	0	0	0	1	7.7
Total	15	100.0	7	100.0	115	*99.9	7	100.0	16	100.0	37	*99.9	13	100.0	

*Percentage totals do not always equal 100.0 due to rounding to 1 decimal place.

Approximate Number of Years in Which Non-Clinic Professionals Have
Made Referrals

Statistics on the approximate number of years in which professionals have made referrals to the Guidance Clinic are reported in Table 5. The only noteworthy findings applied to the Special Education Personnel, School Teachers and Welfare Workers, with 51 percent of the School Teachers, 57 percent of the Special Education Personnel and 64 percent of the Welfare Workers indicating the response category--3 years and under. These results appeared to compare favourably with the findings that a large proportion of School Teachers and Special Education Personnel indicated they felt poorly informed about the services offered by the Guidance Clinic. It can be expected that professionals who have referred cases to the Clinic for only a short period of time and thus likely had only a few contacts with the Clinic, would consider themselves poorly informed about its services.

TABLE 5
REFERRAL GROUPS' RESPONSE FREQUENCIES
AND PERCENTAGES BY GROUPS

	School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
4. Indicate the approximate number of years in which you have made referrals to the Guidance	(1) 3 and under	0	0	4	57.1	59	51.3	2	28.6	6	37.5	24	64.9	4	30.8
	(2) 4 - 6	5	33.3	2	28.6	26	22.6	2	28.6	5	31.3	8	21.6	3	23.1
	(3) 7 - 9	5	33.3	1	14.3	12	10.4	3	42.9	3	18.8	2	5.4	0	0
	(4) 10+	5	33.3	0	0	16	13.9	0	0	2	12.5	3	8.1	5	38.5
	(5) no response	0	0	0	0	2	1.7	0	0	0	0	0	0	1	7.7
Total		15	*99.9	7	100.0	115	*99.9	7	*100.1	16	*100.1	37	100.0	13	*100.1

*Percentage totals do not always equal 100.0 due to rounding to 1 decimal place.

Number of Years in Which Professionals Have Served in Their Present Positions

Information indicating the distribution according to number of years in which the various professionals have served in their present positions is outlined in Table 6. A large proportion of the School Teachers (40.9 percent), Social Workers (43.8 percent) and the Welfare Workers (64.9 percent) indicated the response category 3 years and under.

TABLE 6

REFERRAL GROUPS' RESPONSE FREQUENCIES
AND PERCENTAGES BY GROUPS

	School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
(1) 3 and under	4	26.7	4	57.1	47	40.9	2	28.6	7	43.8	24	64.9	4	30.8
(2) 4 - 6	3	20.0	1	14.3	29	25.2	3	42.9	4	25.0	7	18.9	2	15.4
(3) 7 - 9	3	20.0	2	28.6	9	7.8	2	28.6	2	12.5	2	5.4	0	0
(4) 10+	5	33.3	0	0	29	25.2	0	0	3	18.8	4	10.8	6	46.2
(5) no response	0	0	0	0	1	0.9	0	0	0	0	0	0	1	7.7
Total	15	100.0	7	100.0	115	100.0	7	*100.1	16	*100.1	37	100.0	13	*100.1

*Percentage totals do not always equal 100.0 due to rounding to 1 decimal place.

5. Indicate the approximate number of years which you have served in your present position.

CHAPTER IV

RESULTS OF THE STUDY

Professional Groups' Questionnaire - Part II

The results obtained from the questionnaires were compiled so that responses made to various items could be compared with respect to the professional group which the respondent represented.

Complete tables of results for Part II of the Professional Groups' Questionnaire, question by question, are presented in Appendix C. A descriptive summary only of the results is presented in this chapter.

Outline of the Question Format

The following outline and explanation of the question format are provided in order that presentation and discussion of the results obtained from the questionnaires can be clearly understood.

<u>THE GUIDANCE CLINIC</u>		<u>CURRENTLY DOES</u>			<u>IDEALLY SHOULD</u>		
Question Stem	<u>Relevancy</u>	<u>How Well</u>			<u>Relevancy</u>	<u>Frequency</u>	
	Yes				Yes		
	No				No		
	Don't Know	Well	Adequate	Poorly	Often	Sometimes	Rarely
E.G.							
1. Send written reports to schools.	Yes	W	A	P	O	S	R
	No						
	Don't Know						

Each question stem consisted of two major parts: "Currently Does" and "Ideally Should". The "Currently Does" category was a measure of the manner in which the professional perceived what the Clinic was currently doing. This section was made up of three separate scales:

1. The "currently does relevancy" scale was designed to measure whether or not the professional perceived that the Guidance Clinic performed the activity specified by the question stem. The scale had three possible answers: "yes", "no" and "don't know".
2. The "currently does proficiency" scale was designed to measure how well the Guidance Clinic performed the activity specified by the question stem. The scale had three possible answers: "well", "adequate" and "poorly".
3. The "currently does frequency" scale which was designed to measure how often the Guidance Clinic engaged in the activity specified by the question stem. The frequency scale had three possible responses: "often", "sometimes" and "rarely".

It was only possible to respond on the proficiency and frequency scales when a professional's response on the relevancy scale was "yes" indicating that the professional held the view that the Clinic was currently engaged in the activity stated in the question stem.

The "Ideally Should" category was designed to measure what the Clinic ideally should be doing. This section was made up of two separate scales:

1. The "ideally should relevancy" scale was designed to measure whether or not the professional felt that the activity stated in the

question stem should be a function of the Guidance Clinic. Three response categories were provided: "yes", "no" and "undecided".

2. The "ideally should frequency" scale was designed to measure how often the Guidance Clinic should engage in the activity stated in the question stem, provided that the response on the "ideally should relevancy" scale was "yes". Three response categories were provided: "often", "sometimes" and "rarely". If the respondent answered "no" or "undecided" on the "ideally should relevancy" scale, no response categories on the "ideally should frequency" scale were provided.

Findings with Regard to

Frequency of "Don't Know" and "Undecided" Responses

A large number of "don't know" responses were made by a number of groups on the "currently does" relevancy scale. On forty-three of the seventy-seven "relevancy" items, at least one-half of the School Teachers responded "don't know". School Principals and Social Workers were next in line, with at least one-half of the members of each group responding "don't know" on twenty-six and twenty-five of the "relevancy" items, respectively. At least one-half of the Welfare Workers responded "don't know" on nineteen of the "relevancy" items. The Special Education Personnel, Medical Doctors and Public Health Nurses made considerably fewer "don't know" responses with at least one-half of the members of each group responding "don't know" on nine, eight and seven "relevancy" items, respectively.

In contrast, on the "ideally should" relevancy scale, there were considerably fewer "undecided" responses. At least one-half of the School Teachers responded "undecided" on five "ideally should" relevancy items; while at least one-half of the Social Workers, the School Principals and the Special Education Personnel responded "undecided" on three, two and one of the "ideally should" relevancy items, respectively.

In summary, there were a large number of non-Clinic professionals who responded "don't know" ("undecided") on many of the questionnaire relevancy items. However, there were considerably fewer "undecided" responses on the "ideally should" relevancy scale than there were "don't know" responses on the "currently does" relevancy scale.

The two relevancy scales consisted of two opposite positions, "knowing" on the one extreme, which included the "yes" and "no" responses,

and "not knowing" on the other extreme, which included the "don't know" and "undecided" responses. When a respondent indicated "yes" or "no" on either relevancy scale, it was assumed that he or she had sufficient information in order to make the decision as to whether or not the activity stated in the question stem, was or was not, or should or should not, be an activity of the Guidance Clinic. By responding "don't know" on the "currently does" relevancy scale, the professional indicated that he or she had insufficient knowledge of the Guidance Clinic to state an opinion. By responding "undecided" on the "ideally should" relevancy scale the professional indicated that his or her views were insufficiently clear to indicate whether or not the activity stated in the question stem pertained to the Guidance Clinic.

Therefore, since the non-Clinic professionals made fewer "undecided" responses on the "ideally should" relevancy scale than "don't know" responses on the "currently does" relevancy scale, it was assumed that they seemed more clear in their opinion of what the Clinic ideally should be doing than they were in their opinion of what the Clinic currently does.

Findings with Regard to Currently Available Functions as well as Ideally Appropriate Functions

A comprehensive inspection of the data indicated that at least three or more of the referral groups agreed with the Guidance Clinic group on forty of the seventy-seven possible activities presented to them. The groups included in this discussion were the ones in which at least 50 percent of the members held the same view.

In the presentation of the following information, abbreviations for the eight groups were employed as follows:

Guidance Clinic Personnel	- GC
School Principals	- SP
Special Education Personnel	- SEP
School Teachers	- ST
Public Health Nurses	- PHN
Social Workers	- SW
Welfare Workers	- WW
Medical Doctors	- MD

Questions Regarded as Currently Available as well as Appropriate Activities

A. Activity Area - Diagnosis

Question

<u>Number</u>	<u>Question</u>
2.	Assess individuals who are affected by various degrees of cultural disadvantage. (GC, SP, SEP, ST, PHN, SW, WW)
7.	Perform personality testing. (GC, SP, ST, PHN, SW, WW)
8.	Assess physically handicapped individuals intellectually. (GC, SP, PHN, SW, WW)
14.	Assess individuals of all ages; children, adolescents, and adults. (GC, SP, SW, WW)
22.	Assess intelligence. (all eight groups)
26.	Assess those who are suspected of having some brain dysfunction (brain damage). (all eight groups)
29.	Diagnose reading problems. (all eight groups)
32.	Assess individuals who have emotional disorders. (GC, SP, SEP, ST, PHN, SW, WW)

35. Assess suitability of a particular educational program for a particular individual. (GC, SP, PHN, SW, WW)
36. Diagnose emotional factors which may be suspected to be part of a learning problem. (GC, SP, ST, PHN, SW, WW, MD)
37. Assess individuals who are suspected of being intellectually retarded. (GC, SP, ST, PHN, SW, WW, MD)
42. Provide a travelling diagnostic service. (GC, SP, SEP, PHN, SW, WW)
52. Assess those individuals who are juveniles and have broken the law. (GC, SW, WW, MD)
61. Assess individuals who because of maladaptive behavior are unable to function within society. (GC, SP, ST, PHN, SW, WW)
64. Assess factors related to poor school progress. (all eight groups)
65. Assess individuals whose behavior is abnormal or bizarre. (GC, SP, SEP, ST, PHN, SW, WW)
67. Offer assessment and treatment of speech and language disorders. (GC, SP, ST, PHN, SW, WW)
74. Offer diagnosis and treatment of emotionally disturbed children. (all eight groups)

B. Activity Area - Treatment

Question

- | <u>Number</u> | <u>Question</u> |
|---------------|---|
| 3. | Advise on institutional placement. (GC, SP, SEP, ST, PHN, SW, WW) |
| 5. | Counsel families in which one or more members is becoming rebellious and/or out of parental control. (GC, SP, ST, PHN, SW, WW) |

35. Assess suitability of a particular educational program for a particular individual. (GC, SP, PHN, SW, WW)
36. Diagnose emotional factors which may be suspected to be part of a learning problem. (GC, SP, ST, PHN, SW, WW, MD)
37. Assess individuals who are suspected of being intellectually retarded. (GC, SP, ST, PHN, SW, WW, MD)
42. Provide a travelling diagnostic service. (GC, SP, SEP, PHN, SW, WW)
52. Assess those individuals who are juveniles and have broken the law. (GC, SW, WW, MD)
61. Assess individuals who because of maladaptive behavior are unable to function within society. (GC, SP, ST, PHN, SW, WW)
64. Assess factors related to poor school progress. (all eight groups)
65. Assess individuals whose behavior is abnormal or bizarre. (GC, SP, SEP, ST, PHN, SW, WW)
67. Offer assessment and treatment of speech and language disorders. (GC, SP, ST, PHN, SW, WW)
74. Offer diagnosis and treatment of emotionally disturbed children. (all eight groups)

B. Activity Area - Treatment

Question

- | <u>Number</u> | <u>Question</u> |
|---------------|---|
| 3. | Advise on institutional placement. (GC, SP, SEP, ST, PHN, SW, WW) |
| 5. | Counsel families in which one or more members is becoming rebellious and/or out of parental control. (GC, SP, ST, PHN, SW, WW) |

9. Recommend special educational procedures. (GC, SP, SEP, ST, PHN, SW, WW)
10. Offer treatment in the form of individual therapy. (GC, SEP, ST, PHN, SW, WW)
11. Advise on special educational placement. (all eight groups)
33. Offer therapy or counseling to those individuals who are unable to get along with (relate to) his or her peers. (GC, SP, ST, PHN, SW, WW)
40. Treat individuals who because of maladaptive behavior are unable to function within society. (GC, PHN, SW, WW)
44. Provide assistance and counseling to the parents when the children are in treatment. (all eight groups)
49. Assist parents to learn ways of managing a child who has brain dysfunction, that is, counsel and advise parents in the handling and discipline of the "brain damaged child". (GC, PHN, WW, MD)
55. Prescribe drugs as part of the treatment program (that is, the medical staff only). (all eight groups)

C. Activity Area - Consultation

Question

- | <u>Number</u> | <u>Question</u> |
|---------------|--|
| 16. | Send reports to medical doctors. (GC, SP, PHN, SW, WW, MD) |
| 19. | Work in close cooperation with the schools--with the emphasis upon teamwork rather than duplication. (GC, SP, ST, SW, WW, MD) |
| 31. | Consult with most other community agencies. (GC, PHN, SW, WW) |
| 41. | Provide a psychiatric consultative service for the Brandon School System. (all eight groups) |

- 53. Send reports to the various referral sources. (all eight groups)
- 57. Send reports to schools. (all eight groups)
- 70. Work closely with educational personnel and public health nurses. (GC, SP, ST, PHN, SW, WW)

D. Activity Area - Preventative Public Education

Question

- | <u>Number</u> | <u>Question</u> |
|---------------|---|
| 45. | Give public lectures on its services to such groups as parents, Manitoba Teacher In-Service meetings, medical conventions, and other interested groups. (GC, SEP, ST, PHN) |
| 62. | Participate in a preventative mental health program. (GC, SEP, PHN, SW, WW) |

E. Activity Area - Activities Including a Number of Activity Areas

Question

- | <u>Number</u> | <u>Question</u> |
|---------------|--|
| 18. | Practice confidentiality. (all eight groups) |
| 28. | Make school visits. (GC, SP, SEP, ST, PHN, WW) |
| 50. | See parents when the child is seen. (all eight groups) |

Findings with Regard to Proficiency

An examination of the "proficiency" scale responses on the "currently does" section indicates that, on the whole, the Guidance Clinic Personnel tended to rate their performance slightly higher than did the seven referral groups on the forty items discussed above.

Additional Questions Regarded as Currently Available as well as Appropriate Activities by Clinic Professionals

The Guidance Clinic professionals' responses indicated that they held the same perceptions on an additional twenty question stems. Therefore, at least 50 percent or more Guidance Clinic professionals perceived that sixty of the possible seventy-seven stated services were currently available and ideally appropriate functions of the Brandon Guidance Clinic. These additional twenty activities are listed below.

A. Activity Area - Diagnosis

Question

<u>Number</u>	<u>Question</u>
4.	Assess and diagnose individuals who have various types of epilepsy.
21.	Assess those individuals whom society considers to be sexual deviates (incest, transvestite, homosexual, etc.)
43.	Assess individuals who have a very high level of intelligence and are considered to be special educational candidates.
48.	Expand educational diagnostic services to meet increasing demand.
58.	Point out the necessity of reading assessments.
69.	Assess interests as related to vocational choice.
72.	Offer forensic services - assessment of criminally insane.

B. Activity Area - Treatment

Question

<u>Number</u>	<u>Question</u>
6.	Offer treatment to those individuals who have broken the law.
20.	Medically treat individuals who have various forms of epilepsy.

- 38. Provide marital counseling.
- 54. Assist in the planning of new facilities for treatment.
- 68. Provide treatment and/or remedial procedures to those who have a reading handicap.
- 71. Provide family life education programs - family counseling or therapy.
- 75. Provide service for those suffering from addiction, habituation or dependence upon drugs.
- 76. Provide service for those suffering from addiction, habituation or dependence upon alcohol.

C. Activity Area - Consultation

Question

<u>Number</u>	<u>Question</u>
39.	Make home visits.
47.	Act as a consultative service to the court. (Family, Juvenile, Magistrate, etc.)
73.	Provide general consultative services for teachers in addition to consultative services provided for them on specific referral cases.

D. Activity Area - Preventative Public Education

Question

<u>Stem</u>	<u>Question</u>
13.	Assist in the giving of public information on mental health.

E. Activity Area - Training of Professional Staff

Question

<u>Number</u>	<u>Question</u>
34.	Act as a training centre for psychologists.

Differences in Perceptions of What the Guidance Clinic Currently Does

The following discussion includes activities on which at least 50 percent of the Guidance Clinic members and at least 50 percent of the members of one or more of the referral groups differed in their views.

1. Working in Close Cooperation With the Schools.

All of the Guidance Clinic members perceived that they worked in close cooperation with the schools - with the emphasis upon teamwork rather than duplication. On the other hand, 71 percent of the Special Education Personnel did not perceive this as a current activity of the Clinic.

2. General Consultative Services for Teachers.

On this dimension, the Guidance Clinic group indicated that the Clinic provided general consultative services for teachers in addition to consultative services provided for specific cases; whereas, the School Principal group perceived that the Clinic did not provide this service.

3. Family Life Education Programs.

Over 80 percent of the Guidance Clinic Personnel perceived that family counseling or therapy was offered at the Clinic; whereas, over 70 percent of the Public Health Nurses indicated that this was not a service.

4. Prompt Attention to Referrals.

Three-quarters of the members of the Guidance Clinic group indicated that the Clinic tended to see clients soon after a referral had been made. However, over two-thirds of the School Principals and Special Education Personnel perceived that clients were not seen soon after the referral had been made.

Differences Between the Responses on the Two Relevancy Scales

A number of groups' responses differed significantly between the "currently does" relevancy scale and the "ideally should" relevancy scale. The items on which at least 50 percent of the members of one or more groups responded "no" on the "currently does" scale and "yes" on the "ideally should" scale are presented in Table 7. By responding in such a manner these professionals indicated that they perceived the activity in question to be a currently unavailable service of the Clinic, but perceived the activity to be an appropriate Clinic service.

TABLE 7

ACTIVITIES CONSIDERED APPROPRIATE BUT PERCEIVED
AS UNAVAILABLE BY THE GROUPS LISTED IN PARENTHESES

Question Number	Question
1.	Send written reports to parents. (SEP)
12.	Offer treatment in the form of group therapy. (GC)
17.	Act as a training centre for social workers. (SW)
19.	Work in close cooperation with the schools - with the emphasis upon teamwork rather than duplication. (SEP)
46.	Operate a centre which provides daycare treatment. (GC, WW)
56.	Advertise on radio and T. V. programs as part of a preventative mental health program. (GC, SP, PHN, SW)
60.	See clients soon after a referral has been made. (SP, SEP)
63.	Perform research on various dimensions related to children's problems. (GC)
66.	Hold monthly conferences for consultation with other agencies. (GC, PHN)
73.	Provide general consultative services for teachers in addition to consultative services provided for them on specific referral cases. (SP)
77.	Provide counseling services for parents and families of retarded children on a continuous basis as soon as a diagnosis of mental retardation has been affirmed. (GC)

Findings with Regard to the Educational Assessment Activity

The professional groups' responses to sixteen question stems directly related to educational assessment activities were examined.

An examination of Table 8 reveals that on ten of the educational assessment items, a high proportion of the members of four or more professional groups indicated "yes" on both the "currently does" relevancy scale and the "ideally should" relevancy scale. By responding in this manner, these groups strongly indicated that these stated activities were currently available and ideally appropriate services of the Guidance Clinic.

TABLE 8

EDUCATIONAL ACTIVITIES PERCEIVED AS CURRENTLY AVAILABLE AND APPROPRIATE ACTIVITIES OF THE CLINIC BY THE GROUPS LISTED IN PARENTHESES

Question Number	Question
9.	Recommend special educational procedures. (all eight groups)
11.	Advise on special educational placement. (all eight groups)
19.	Work in close cooperation with the schools - with the emphasis upon teamwork rather than duplication. (GC, SP, ST, PHN, SW, WW, MD)
28.	Make school visits. (GC, SP, ST, PHN, SW, WW)
29.	Diagnose reading problems. (all eight groups)
35.	Assess suitability of a particular educational program for a particular individual. (GC, SP, PHN, SW, WW, MD)
36.	Diagnose emotional factors which may be suspected to be part of a learning problem. (GC, SP, ST, PHN, SW, WW, MD)
37.	Assess individuals who are suspected of being intellectually retarded. (all eight groups)
57.	Send reports to schools. (all eight groups)
64.	Assess factors related to poor school progress. (all eight groups)

Table 9 provides the four questions on which a proportionately high number of professional group members indicated "yes" on the "ideally should" relevancy scale. Thus, although the professionals named in parentheses were not definite in their perceptions of whether these stated educational assessment activities were provided at the Clinic presently, they strongly indicated that these services were appropriate to the Clinic.

The educational assessment issues outlined above could all be activities performed by an educational psychologist employed by a school board. However, the responses of the eight professional groups studied here strongly indicated that they perceived that these activities are currently available and ideally appropriate services of the Brandon Guidance Clinic.

TABLE 9

EDUCATIONAL ASSESSMENT ACTIVITIES PERCEIVED
AS IDEALLY APPROPRIATE ACTIVITIES OF THE
CLINIC BY THE GROUPS LISTED IN PARENTHESES

Question Number	Question
43.	Assess individuals who have a very high level of intelligence and are considered to be special educational candidates. (GC, SP, SEP, ST, PHN, WW, MD)
48.	Expand educational diagnostic services to meet increasing demand. (all eight groups)
68.	Provide treatment and/or remedial procedures to those who have a reading handicap. (GC, SEP, ST, PHN, SW, WW, MD)
73.	Provide general consultative services for teachers in addition to consultative services provided for them on specific referral cases. (all eight groups)

CHAPTER V

DISCUSSION AND IMPLICATIONS

Discussion of the Number of "Don't Know" Responses

Since a large number of non-Clinic professionals considered themselves poorly informed concerning the services of the Clinic, it is not surprising to find that they made a large number of "don't know" responses on the questions relating to Clinic activities. It appears that many of the non-Clinic professionals are only aware of a narrow range of Clinic services which may seem to be fulfilling their present needs. This situation may exist because the professional concerned may not have had any direct contact with Guidance Clinic personnel. Because the professional has had little contact with the Clinic, he or she may also know very little about the Clinic. In turn, if the professional is poorly informed about the activities of the Guidance Clinic, its aims and purposes, he or she probably will not be a frequent user of its services and thus will have little contact with the Clinic.

Once administrators of the Guidance Clinic and Clinic professionals learn that many professionals who currently refer clients to the Clinic are poorly informed about the Clinic's services, they hopefully will endeavor to provide a more extensive public relations program in order that more information about the Guidance Clinic is made available to non-Clinic professionals as well as the general public.

Activities Perceived as Currently Available and Ideally Appropriate

A large proportion of Guidance Clinic professionals and non-Clinic professionals indicated that they held the same perceptions regarding forty of the possible seventy-seven stated activities of a guidance clinic. An examination of the forty questions relating to

possible Clinic services, indicated that professionals more frequently perceived services related to the diagnostic, treatment and consultative functions as currently available and appropriate activities of the Brandon Guidance Clinic. It is quite possible that these three service areas are the ones more familiar to the majority of non-Clinic professionals because diagnosis, treatment and consultation relate directly to problems of clients whom professionals refer to the Clinic. Professionals who are in a position to refer clients to the Clinic are thus more likely to become familiar with these services which involve them more directly, than they are with those services related to preventative public education, training of professional staff and research.

The Guidance Clinic professionals perceived that sixty of the possible seventy-seven activity questions were currently available and ideally appropriate services of the Brandon Guidance Clinic. They more frequently agreed on services related to diagnosis, treatment, consultation and preventative public education.

Differences in Perception Regarding What the Guidance Clinic Currently Does

Guidance Clinic personnel and non-Clinic personnel differed in their opinions regarding what the currently available activities of the Clinic were. The following discussion focuses on the four activities about which at least 50 percent of the members of one or more of the referral groups differed in their views.

1. Working in Close Cooperation with the Schools.

Guidance Clinic members perceived that they worked in close cooperation with the schools--with the emphasis upon teamwork rather than duplication. Special Education Personnel did not perceive this as a

current activity of the Clinic. This is a noteworthy finding since all the other non-Clinic professionals viewed this activity as currently available. Since Education Personnel are directly involved with many children sent for psychological assessment, it is very important that they feel included in the treatment team. This involves being included in consultations regarding particular students who may be undergoing diagnosis or treatment at the Clinic. If all individuals working with a particular child are consulted, duplication of services can be avoided and teamwork stressed.

2. General Consultative Services for Teachers.

The Guidance Clinic group indicated that the Clinic provided general consultative services for teachers in addition to consultative services provided for specific cases; whereas, the School Principal group perceived that the Clinic did not provide this service. Since Clinic personnel have been so actively involved in providing educational assessments and will probably continue to be involved in this area for some time, they must rely upon good communication with school personnel in order to provide optimal service. Guidance Clinic personnel and school personnel might consider the possibility of establishing regular meetings between Clinic personnel and school personnel to facilitate consultation between the two groups. Such an arrangement should also result in better communication between Clinic and school personnel.

3. Prompt Attention to Referrals.

Since the Clinic psychologists spend considerable time providing educational assessments, they should be concerned about providing the best service possible, although they are limited in personnel for the number of requests for assessments which they receive. School Principals

and Special Education Personnel indicated that the Clinic was not prompt in its attention to referrals. Since the schools are one of the major sources of referral, their demands for assessment are indeed great. It is quite probable that many school personnel are unaware of the small size of the Clinic's staff in relation to the number of consumers served. Perhaps Clinic personnel might find it beneficial to meet with school personnel in order to clarify the position the Clinic is in with regards to the large number of referrals it receives for immediate attention. Possibly a new system of referral could be established so that urgent cases were brought to the attention of the Clinic personnel before more routine cases were given attention. Often requests for referral of urgent cases are not distinguished from less severe cases by the professional worker making the referral. At times the reverse situation exists. A professional worker may stress the urgency of a rather routine case in order that more prompt attention be focused on the request for referral.

If such situations as described were brought to the attention of professionals making referrals, perhaps a better system of referral for the various agencies involved could be instituted in order to aid the Clinic in providing more prompt attention to referrals under its present circumstances.

Preventative Public Education

Preventative mental health is an area which concerns and involves all professional groups studied here. At least 50 percent or more of the members of the following professional groups offered the opinion that the Guidance Clinic was presently involved in a preventative mental health program: Guidance Clinic Personnel, Special Education

Personnel, Public Health Nurses, Social Workers and Welfare Workers. All eight groups indicated that the Clinic should be involved in a preventative mental health program. The Guidance Clinic Personnel, Special Education Personnel, School Teachers and Public Health Nurses held the opinion that the Clinic presented public lectures on its services to such groups as parents, Manitoba Teacher In-Service meetings, medical conventions, and other interested groups. All eight groups considered this service as ideally appropriate to the Clinic.

Over the years the Brandon Guidance Clinic has been actively involved in aiding and stimulating the various community social service agencies to deal with educational and mental health problems. Dr. R. H. Parker (1969) indicated that the Clinic staff participate in many teaching, lecturing and seminar sessions with the various persons and groups involved in the care and treatment of the Clinic's clientele. Thus it appears that the Clinic professionals are directly involved in the education of many social service personnel in the Brandon area regarding preventative mental health measures. However, it seems that the Clinic may have overlooked the necessity of providing preventative mental health information for the general public. It is the opinion of the researcher, that the Clinic personnel stress the concept of preventative intervention and thus would be very willing to provide a more extensive program for the education of the general public regarding preventative mental health measures. The education of the lay public by means of mass media and lectures to interested groups, concerning the symptoms and difficulties which should receive professional attention, could be an aid to the prevention of some mental disorders.

At least fifty percent of the Guidance Clinic Personnel, School Principals, Public Health Nurses and Social Workers held the opinion that the Clinic does not advertise by way of the mass media as part of a preventative mental health program. All groups with the exception of the Medical Doctors felt that the Clinic should be using the mass media as a means of educating the general public concerning preventative mental health practices. Therefore, it is the author's opinion that the administrators of the Clinic possibly should show increasing concern and action in this direction.

Training of Professional Staff

The Guidance Clinic personnel strongly indicated that the Clinic is a training centre for psychologists. None of the seven referral groups indicated a strong opinion. However, a number of groups perceived that the Clinic ideally should act as a training centre for psychologists. The Guidance Clinic Personnel, School Principals, Social Workers, Welfare Workers and Medical Doctors indicated that this was an appropriate function.

Professionals did not perceive the Clinic as a training centre for social workers and psychiatrists. However, Guidance Clinic Professionals, School Teachers and Social Workers considered it appropriate for the Clinic to be involved in the training of social workers. Likewise, Guidance Clinic Personnel, Public Health Nurses and Medical Doctors perceived that the Clinic should be a training centre for psychiatrists.

Thus, many professionals considered it appropriate for the Clinic to act as a training centre for the three disciplines: psychology, psychiatry, and social work. Since the Guidance Clinic serves such a

large population with a relatively small staff, the administrators of the Clinic may wish to explore the possibilities of utilizing the services of University students who are in the process of completing studies in either psychology, psychiatry or social work. It is quite probable that the Guidance Clinic could cooperate with the three related university faculties in providing some practical experience for students in their field of study. Such an approach could benefit all sources involved. Such an arrangement might help to relieve the heavy workload of the present Clinic professionals. In turn, students of psychology, psychiatry and social work would gain first hand information of the Clinic's services and hopefully increase their knowledge and gain experience in their related field.

Research

Approximately two-thirds of the Clinic professionals perceived that research on various dimensions of children's problems was not conducted at the Guidance Clinic; whereas, the majority of non-Clinic professionals indicated that they did not know whether this type of research was conducted at the Clinic. However, the majority of professionals agreed that the Clinic should be conducting research related to children's problems.

To the author's knowledge, there has been no major published research emanating from the Clinic related to the types of child problems dealt with at the Clinic. A number of pilot studies were outlined in the Annual Reports of the Psychology Department for 1968 and 1969. The studies relating to children's problems were:

- 1) To test the hypothesis that operant conditioning techniques will facilitate attending behaviour in an autistic child.
- 2) A study of a perceptual disorder to test the relative

effectiveness of various remedial techniques in a school aged boy.

- 3) A study to test the extent to which psychological differentiation is related to verbal skills.
- 4) A study to test the feasibility of teaching a mother the use of operant conditioning to reinstate language behaviour in her 11 year old son.

It would appear that the results of these research studies must not have been made readily available to Clinic professionals, since the majority of Clinic professionals did not perceive that research was conducted at the Clinic. Thus it would seem worthwhile for those professionals involved in research projects to provide information and feedback to their fellow workers, so that all Clinic members might benefit from knowledge obtained from such studies.

Educational Assessments

The majority of professionals were of the opinion that the Clinic was actively involved in educational assessments. They agreed that educational assessment by psychologists was an appropriate function of the Clinic. As indicated in the related literature, this function has been a major activity almost from the Clinic's inception, and since there have been very few educational psychologists employed by the Brandon School Division to date, the Clinic will continue to provide educational assessments until such time as the schools have sufficient personnel to meet their assessment requirements. Indications are that it will be many years before such conditions exist. It is quite possible that the gradual shift in responsibility for educational assessments from Guidance Clinic psychologists to educational psychologists

employed by the Brandon School Board is related to the various professional groups' attitudes. This present study has indicated that the majority of professionals agreed that the Guidance Clinic psychologists were presently involved and ideally should be involved in educational assessments. It may well be that many of the professionals expressed these opinions because they have accepted the role of the Guidance Clinic in educational assessments and perhaps have never strongly criticized or questioned the Clinic's involvement in educational areas. They may believe that some type of service is better than none.

As pointed out in the related literature, trends and practices are for educational assessments to be the responsibility of educational psychologists employed by school boards. The shift in responsibility for educational assessments from the Brandon Guidance Clinic to the Brandon School Board appears to be a slow one. It is the writer's opinion that this situation will continue to exist if professionals in the Brandon area continue to accept existing circumstances and do not strongly advocate the need for more specially trained educational psychologists employed by the Brandon School Board to meet the educational assessment requirements.

LIMITATIONS OF THE STUDY

Part I of the Professional Groups' Questionnaire was designed for the purpose of obtaining some personal information about non-Clinic professionals who are in a position to refer clients to the Brandon Guidance Clinic. It was found that interval scales designed for the various questions relating to personal data should have been adjusted to obtain more meaningful information about the various professional groups surveyed. Such an adjustment would have allowed for more accurate

comparisons regarding the personal data sought from the various professional groups.

In order to obtain more meaningful data from Part I of the Questionnaire employed in the present study, the researcher learned that the size of interval scales should have been smaller for the following questions:

1. Indicate the approximate number of referrals you personally have made to the Guidance Clinic in the past year.

In the present study, the interval scales for this question were (1) under 5; (2) 5-15 and (3) over 15. However, it was found that data from professionals' responses would have been more accurate and meaningful if more interval levels had been included. It is quite possible that some professionals may refer no clients to the Clinic and thus the first choice should be "0". Some professionals may refer only 1 client per year; therefore the second interval should be "1". The third interval should possibly be "2-5". Three more interval levels should possibly be added, namely, "6-10", "11-15" and "over 15".

4. Indicate the approximate number of years in which you have made referrals to the Guidance Clinic.

The interval scales for this question were (1) 3 and under; (2) 4-6; (3) 7-9; and (4) 10+. Again, more accurate information might have been obtained if smaller interval sizes were used. It is quite possible that some professionals have never made referrals to the Clinic. Thus, the first interval scale should be "less than 1 year". The second interval scale should be "1 year" as there are probably a number of professionals who fall into this category. The third interval should

possibly by "2-3"; the next three perhaps should be "4-6"; "7-9"; and 10+.

5. Indicate the approximate number of years which you have served in your present position.

The interval scales for this question were (1) 3 and under; (2) 4-6; (3) 7-9; and (4) 10+. Here again, more accurate information about the various professionals probably would have been obtained if smaller intervals were used. The following intervals should perhaps be employed as follows: (1) under 1; (2) 1; (3) 2-3; (4) 4-6; (5) 7-9; (6) 10+.

IMPLICATIONS FOR FURTHER RESEARCH

1. The present study has pointed out the necessity of providing more information about the Clinic's services to professionals who are in a position to refer clients to the Clinic. If a program to increase the amount of information available to professionals concerning the services offered by the Clinic is tried, it would be interesting to determine whether the frequency of "don't know" responses would decrease, using a sample of the same respondents as were used in this investigation.
2. Since the Brandon Guidance Clinic provides service to a large rural population in Manitoba, it would be interesting to conduct a similar study employing the same professional groups surveyed in the present study, to determine the views of professionals in rural areas regarding the Clinic's services.

REFERENCES

- Annual Report of the Adult Out-Patient Department and Child Guidance Clinic, Brandon, 1940.
- Annual Report of the Psychology Department, Brandon Hospital for Mental Diseases, Brandon, 1968.
- Annual Report of the Psychology Department, Brandon Hospital for Mental Diseases, Brandon, 1969.
- Arbuckle, D. S. Pupil personnel services in the modern school. Boston: Allyn and Bacon, 1966.
- Bardon, J. I. and Bennett, V. The perception of the roles of the school psychologist as related to teaching experience and educational background. Journal of School Psychology, 1966, 4, 52-58.
- Berkowitz, H. Clinical child psychology in the schools. Psychology in the Schools, 1966, 3, 223-228.
- Berkowitz, H. A preliminary assessment of the extent of interaction between child psychiatric clinics and public schools. Psychology in the Schools, 1968, 291-295.
- Blair Commission, Mental health services in Alberta. Calgary, 1968.
- Bower, E. M. Psychology in the schools: conceptions, processes and territories. Psychology in the Schools, 1964, 1, 3-12.
- Caplan, G. Prevention of mental disorders in children. New York: Basic Books, 1961.
- CELDIC, Commission on emotional and learning disorders in children. Toronto: Crainford, 1970.
- Clair, T. N. and Kiraly, J. Can school psychology survive in the '70's? Professional Psychology, 1971, 2 (4), 383-388.
- Cook, L. W. School social worker, Lawrence, Kansas. The Journal of School Health, 1969, 39 (9), 614-617.
- Cronbach, L. J. Essentials of psychological testing. New York: Harper and Brothers, 1949.
- Foley, A. R. and Sanders, D. S. Theoretical considerations for development of the community mental health center concept. American Journal of Psychiatry, 1966, 122 (9), 985-990.
- Fredrickson, R. H. and Pippert, R. R. Teaching experience in the employment of school counselors. Counselor Education and Supervision, 1964, 4, 24-27.

- Good, C. V. and Barr, A. S. The methodology of educational research. New York: Appleton Century Crofts Inc., 1941.
- Guilford, J. P. Psychometric methods. New York: McGraw-Hill Book Co., 1954.
- Isabelle, L. Should pupil personnel workers in schools have both teaching training and experience? Canadian Counsellor, 1970, 4 (3), 165-173.
- Johnson, W. R., Stefflre, B. and Edenfeldt, R. A. Pupil personnel and guidance services. New York: McGraw-Hill, 1961.
- Kell, I. R. Pre-service training for pupil personnel workers. International Association of Pupil Personnel Workers' Journal, 1961, December, 30-31.
- Klein, D. S. Educating for mental health, a book of readings. New York: Thomas Y. Crowell Company, 1963.
- Kranzler, G. D. Providing for the mental health needs of children. The School Counsellor, 1969, 17 (1), 47-54.
- Magary, J. H. School psychological services, in theory and practice, a handbook. Englewood Cliffs, New Jersey: Prentice-Hall Inc., 1967.
- McMurray, J. G. Two decades of school psychology: past and future. The Canadian Psychologist, 1967, 8 (3), 207-217.
- Moser, C. A. Survey methods in social investigation. London: Heinemann Books on Sociology, 1958.
- Nixon, N. A child guidance clinic explores ways to prevention. Children, 1957, 4, 9-14.
- Orn, D. E. An analysis of the role of the Alberta guidance clinic in Edmonton. Unpublished manuscript, University of Alberta, Edmonton, 1968.
- Parker, R. H. Address to graduating class of psychiatric nursing. Ego Year Book, Brandon Hospital for Mental Diseases, Brandon, 1963.
- Parker, R. H. Annual Report of the Guidance Clinic. Brandon, 1969.
- Parker, R. H. Annual Report of the Guidance Clinic. Brandon, 1970.
- Paterson, J. G. A case for teacher training and experience for school pupil personnel workers. Canadian Counsellor, 1970, 4 (3), 161-163.
- Pazdur, H. C. The school nurse as a mental health specialist. The Journal of School Health, 1969, 39, 449-457.

- Peterson, B. H. and Brown, D. Does teaching experience matter? Personnel and Guidance Journal, 1968, 46, 893-897.
- The Psychologists Registration Act, Bill No. 40, Chapter 47,
Legislative Assembly of Manitoba, April 27th, 1966, 419-423.
- Ricker, G. A. Must counselors have taught? School Counselor, 1969-70,
17 (1), 40-46.
- Robinson, R., Demarche, D. and Wagle, M. Community resources in mental health. New York: Basic Books, 1960.
- Rosecrance, F. and Hayden, V. School guidance and personnel services.
Boston: Allyn and Bacon, 1960.
- Ross, A. O. The school psychologist's role seen from the child guidance
clinic. Psychology in the Schools, 1964, 1, 19-21.
- Sarason, S. B., Davidson, K. and Blatt, B. The preparation of teachers.
New York: Wiley, 1962.
- Sarason, S. B., Levine, M., Goldberg, I. I., Cherlin, D. I. and Bennett, E. M.
Psychology in community settings. New York: John Wiley & Sons,
Inc., 1966.
- Soddy, K. Clinical child psychiatry, London: Bailliere, Tindall and
Cox, 1960.
- Smolen, E. M. The child guidance clinic in the community. Mental
Hygiene, 1963, 47, 497-503.
- Sanford, N. Self and society. New York: Atherton, 1966.
- The Joint Commission on Mental Illness and Health, Action for health.
New York: Basic Books, 1961.
- Travers, R. An introduction to educational research (3rd ed.).
London: MacMillan Company Collier - MacMillan Ltd., 1969.
- Wrenn, C. G. The counselor in a changing world. American Personnel and
Guidance Association, Washington: 1962.

APPENDIX A

LETTER OF INTRODUCTION AND QUESTIONNAIRE

Dear Fellow Professional,

The accompanying questionnaire deals with a study which I am conducting as a graduate student in Educational Psychology at the University of Alberta. This study, under the supervision of Dr. J. Paterson, is required for the completion of my thesis in the Master of Education program.

This research program is concerned with determining the effectiveness of the services of the Brandon Guidance Clinic as perceived by various professional groups in Brandon.

I would be grateful if you would assist me in this research by completing the enclosed questionnaire at your earliest convenience. Your name is not required since the information will not deal with individual cases.

I realize that you have a busy schedule. I sincerely hope that the expenditure of your valuable time will be justified by the results of the study.

May I extend my thanks in anticipation of your co-operation.

Yours truly,

PART I

INSTRUCTIONS:

Please circle the most appropriate answer to each of the five following questions.

1. Indicate the approximate number of referrals you personally have made to the Guidance Clinic in the past year.
 - (1) under 5
 - (2) 5 - 15
 - (3) over 15
2. Indicate the approximate frequency with which you refer cases to the Guidance Clinic.
 - (1) every month
 - (2) every other month
 - (3) infrequently
 - (4) not at all
3. To what extent do you consider yourself informed concerning the services offered by the Guidance Clinic.
 - (1) well
 - (2) adequately
 - (3) poorly
4. Indicate the approximate number of years in which you have made referrals to the Guidance Clinic.
 - (1) 3 and under
 - (2) 4 - 6
 - (3) 7 - 9
 - (4) 10+
5. Indicate the approximate number of years which you have served in your present position.
 - (1) 3 and under
 - (2) 4 - 6
 - (3) 7 - 9
 - (4) 10+

PART II

INSTRUCTIONS:

Please respond to the following questions about the Brandon Guidance Clinic. Although at times you may feel that you do not have sufficient information, the responses still have meaning within the framework of this study.

There is a range of responses from five down to a minimum of two responses for each question. Each question is divided into two parts:

1. The Guidance Clinic Currently Does

This portion of the question is in three parts. If you choose the "yes" response under Relevancy, meaning yes the Guidance Clinic does engage in the activity stated, then go on to make responses under the "How Well" column and "Frequency" column. If, on the other hand, your response in the first column is "No" or "Don't Know", then proceed to the next part of the same question as indicated in the next section.

2. The Guidance Clinic Ideally Should

Once again, make your choice under the "Relevancy" column. If this response is "yes" meaning yes the Guidance Clinic should engage in the activity stated in the question stem, then proceed to the "Frequency" column and indicate how often the Guidance Clinic should engage in the activity. If your response is "No" or "Undecided" proceed to the next question.

Three Example Questions Are Provided Below:

	<u>THE GUIDANCE CLINIC</u>			<u>CURRENTLY DOES</u>			<u>IDEALLY SHOULD</u>		
	Relevancy	How Well	Frequency	Relevancy	Frequency		Relevancy	Frequency	
	Yes No Don't Know	Well Adequate Poorly	Often Sometimes Rarely	Yes No Undecided	Often Sometimes Rarely		Yes No Undecided	Often Sometimes Rarely	
E.G. 1. Blow clients' noses	Yes No Don't Know	W (A) P	O (C) R	Yes No Undecided	O (S) R		Yes No Undecided	O (S) R	To next question ↓
E.G. 2. Counsel delinquent drivers	Yes No Don't Know	W A P	O (S) R	Yes No Undecided	O (S) R		Yes No Undecided	O (S) R	To next question ↓
E.G. 3. Advise on special bus schedules	Yes No Don't Know	W A P	O (S) R	Yes No Undecided	O (S) R		Yes No Undecided	O (S) R	To next question ↓

	<u>THE GUIDANCE CLINIC</u>			<u>CURRENTLY DOES</u>			<u>IDEALLY SHOULD</u>		
	<u>Relevancy</u>	<u>How Well</u>			<u>Frequency</u>			<u>Relevancy</u>	<u>Frequency</u>
	Yes No Don't Know	Well Adequate Poorly			Often Sometimes Rarely			Yes No Undecided	Often Sometimes Rarely
1. Send written reports to parents	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
2. Assess individuals who are affected by various degrees of cultural disadvantage	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
3. Advise on institutional placements	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
4. Assess and diagnose individuals who have various types of epilepsy	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
5. Counsel families in which one or more members is becoming rebellious and/or out of parental control	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
6. Offer treatment to those individuals who have broken the law	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
7. Perform personality testing	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
8. Assess physically handicapped individuals intellectually and socially	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R

	<u>THE GUIDANCE CLINIC</u>			<u>CURRENTLY DOES</u>			<u>IDEALLY SHOULD</u>		
	Relevancy	How Well			Frequency			Relevancy	Frequency
	Yes No Don't Know	Well Adequate Poorly				Often Sometimes Rarely			
9. Recommend special educational procedures	Yes No Don't Know	W A P	O S R			Yes No Undecided			O S R
10. Offer treatment in the form of individual therapy	Yes No Don't Know	W A P	O S R			Yes No Undecided			O S R
11. Advise on special educational placement	Yes No Don't Know	W A P	O S R			Yes No Undecided			O S R
12. Offer treatment in the form of group therapy	Yes No Don't Know	W A P	O S R			Yes No Undecided			O S R
13. Assist in the giving of public information on mental health	Yes No Don't Know	W A P	O S R			Yes No Undecided			O S R
14. Assess individuals of all ages; children, adolescents, and adults	Yes No Don't Know	W A P	O S R			Yes No Undecided			O S R
15. Place its emphasis upon treatment rather than educational diagnosis	Yes No Don't Know	W A P	O S R			Yes No Undecided			O S R
16. Send reports to medical doctors	Yes No Don't Know	W A P	O S R			Yes No Undecided			O S R
17. Act as a training centre for social workers	Yes No Don't Know	W A P	O S R			Yes No Undecided			O S R

THE GUIDANCE CLINICCURRENTLY DOESIDEALLY SHOULD

	<u>Relevancy</u>	<u>How Well</u>	<u>Frequency</u>	<u>Relevancy</u>	<u>Frequency</u>
	Yes No Don't Know	Well Adequate Poorly	Often Sometimes Rarely	Yes No Undecided	Often Sometimes Rarely
18. Practice confidentiality	Yes No Don't Know	W A P	O S R	Yes No Undecided	O S R
19. Work in close cooperation with the schools - with the emphasis upon teamwork rather than duplication	Yes No Don't Know	W A P	O S R	Yes No Undecided	O S R
20. Medically treat individuals who have various forms of epilepsy	Yes No Don't Know	W A P	O S R	Yes No Undecided	O S R
21. Assess those individuals who society considers to be sexual deviates (incest, transvestite, homosexual, etc.)	Yes No Don't Know	W A P	O S R	Yes No Undecided	O S R
22. Assess intelligence	Yes No Don't Know	W A P	O S R	Yes No Undecided	O S R
23. Assess only individuals who are under age sixteen	Yes No Don't Know	W A P	O S R	Yes No Undecided	O S R
24. Assess individuals who are thought to be candidates for eugenical sterilization	Yes No Don't Know	W A P	O S R	Yes No Undecided	O S R
25. Assess only individuals who are under age twenty-one	Yes No Don't Know	W A P	O S R	Yes No Undecided	O S R

	<u>THE GUIDANCE CLINIC</u>			<u>CURRENTLY DOES</u>			<u>IDEALLY SHOULD</u>		
	<u>Relevancy</u>	<u>How Well</u>			<u>Frequency</u>			<u>Relevancy</u>	<u>Frequency</u>
	Yes No Don't Know	Well Adequate Poorly			Often Sometimes Rarely			Yes No Undecided	Often Sometimes Rarely
26. Assess those who are suspected of having some brain dysfunction (brain damage)	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
27. Charge for its services	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
28. Make school visits	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
29. Diagnose reading problems	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
30. Assess those individuals who are adults and have broken the law	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
31. Consult with most other community agencies	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
32. Assess individuals who have emotional disorders	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
33. Offer therapy or counseling to those individuals who are unable to get along with (relate to) his or her peers	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R

	<u>THE GUIDANCE CLINIC</u>			<u>CURRENTLY DOES</u>			<u>IDEALLY SHOULD</u>		
	<u>Relevancy</u>	<u>How Well</u>			<u>Frequency</u>			<u>Relevancy</u>	<u>Frequency</u>
	Yes No Don't Know	Well Adequate Poorly			Often Sometimes Rarely			Yes No Undecided	Often Sometimes Rarely
34. Act as a training centre for psychologists	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
35. Assess suitability of a particular educational program for a particular individual	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
36. Diagnose emotional factors which may be suspected to be part of a learning problem	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
37. Assess individuals who are suspected of being intellectually retarded	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
38. Provide marital counseling	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
39. Make home visits	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
40. Treat individuals who because of maladaptive behavior are unable to function within society	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
41. Provide a psychiatric consultative service for the Brandon School System	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R

	<u>THE GUIDANCE CLINIC</u>			<u>CURRENTLY DOES</u>			<u>IDEALLY SHOULD</u>		
	<u>Relevancy</u>	<u>How Well</u>			<u>Frequency</u>			<u>Relevancy</u>	<u>Frequency</u>
	Yes No Don't Know	Well Adequate Poorly			Often Sometimes Rarely			Yes No Undecided	Often Sometimes Rarely
42. Provide a travelling diagnostic service	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
43. Assess individuals who have a very high level of intelligence and are considered to be special educational candidates	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
44. Provide assistance and counseling to the parents when the children are in treatment	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
45. Give public lectures on its services to such groups as parents, Manitoba Teacher In-Service meetings, medical conventions, and other interested groups	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
46. Operate a centre which provides daycare treatment	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
47. Act as a consultative service to the court (Family, Juvenile, Magistrate, etc.)	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
48. Expand educational diagnostic services to meet increasing demand	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R

	<u>THE GUIDANCE CLINIC</u>			<u>CURRENTLY DOES</u>			<u>IDEALLY SHOULD</u>		
	<u>Relevancy</u>			<u>How Well</u>			<u>Frequency</u>		
	Yes	No	Don't Know	Well	Adequate	Poorly	Often	Sometimes	Rarely
49. Assist parents to learn ways of managing a child who has brain dysfunction, that is counsel and advise parents in the handling and discipline of the "brain-damaged child"	Yes	No	Don't Know	W	A	P	O	S	R
50. See parents when their child is seen	Yes	No	Don't Know	W	A	P	O	S	R
51. Act as a training centre for psychiatrists	Yes	No	Don't Know	W	A	P	O	S	R
52. Assess those individuals who are juveniles and have broken the law	Yes	No	Don't Know	W	A	P	O	S	R
53. Send reports to the various referral sources	Yes	No	Don't Know	W	A	P	O	S	R
54. Assist in the planning of new facilities for treatment	Yes	No	Don't Know	W	A	P	O	S	R
55. Prescribe drugs as part of the treatment program (that is the medical staff only)	Yes	No	Don't Know	W	A	P	O	S	R

THE GUIDANCE CLINICCURRENTLY DOESIDEALLY SHOULD

	<u>Relevancy</u>	<u>How Well</u>			<u>Frequency</u>			<u>Relevancy</u>	<u>Frequency</u>		
	Yes No Don't Know	Well	Adquate	Poorly	Often	Sometimes	Rarely	Yes No Undecided	Often	Sometimes	Rarely
56. Advertise on radio and T.V. programs as part of a preventive mental health program	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
57. Send reports to schools	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
58. Point out the necessity of reading assessments	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
59. Decrease educational diagnostic services, that is, function only as another check or consultant for educational problems	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
60. See clients soon after a referral has been made	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
61. Assess individuals who because of maladaptive behavior are unable to function within society	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
62. Participate in a preventive mental health program	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R
63. Perform research on various dimensions related to children's problems	Yes No Don't Know	W	A	P	O	S	R	Yes No Undecided	O	S	R

	<u>THE GUIDANCE CLINIC</u>			<u>CURRENTLY DOES</u>			<u>IDEALLY SHOULD</u>		
	<u>Relevancy</u>	<u>How Well</u>			<u>Frequency</u>			<u>Relevancy</u>	<u>Frequency</u>
	Yes No Don't Know	Well Adequate Poorly			Often Sometimes Rarely			Yes No Undecided	Often Sometimes Rarely
64. Assess factors related to poor school progress	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
65. Assess individuals whose behavior is abnormal or bizarre	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
66. Hold monthly conferences for consultation with other agencies	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
67. Offer assessment and treatment of speech and language disorders	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
68. Provide treatment and/or remedial procedures to those who have a reading handicap	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
69. Assess interests as related to vocational choice	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
70. Work closely together with educational personnel and public health nurses	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
71. Provide family life education programs-family counseling or therapy	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R

	<u>THE GUIDANCE CLINIC</u>			<u>CURRENTLY DOES</u>			<u>IDEALLY SHOULD</u>		
	<u>Relevancy</u>	<u>How Well</u>			<u>Frequency</u>			<u>Relevancy</u>	<u>Frequency</u>
	Yes No Don't Know	Well Adequate Poorly			Often Sometimes Rarely			Yes No Undecided	Often Sometimes Rarely
72. Offer forensic services - assessment of criminally insane	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
73. Provide general consultative services for teachers in addition to consultative services provided for them on specific referral cases	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
74. Offer diagnosis and treatment of emotionally disturbed children	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
75. Provide service for those suffering from addiction, habituation or dependence upon drugs	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
76. Provide service for those suffering from addiction, habituation or dependence upon alcohol	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R
77. Provide counseling services for parents and families of retarded children on a continuous basis as soon as a diagnosis of mental retardation has been affirmed	Yes No Don't Know	W A P			O S R			Yes No Undecided	O S R

APPENDIX B

LETTER OF REMINDER

October 22, 1971.

Dear Fellow Professional,

Some time ago, I sent you a questionnaire concerning the services of the Brandon Guidance Clinic to be completed and returned to me. As of October 21, 1971, the number of questionnaires returned has not been sufficient for me to carry on with the research. A high proportion of returns would greatly enhance the value of my study. Kindly help in this matter by completing and mailing your copy of the questionnaire this week, please. Another copy is enclosed in case you have mislaid the first.

Your co-operation in this matter would be personally appreciated.

If you have already returned the questionnaire, I would like to thank you for your assistance.

Yours very truly,

(Mrs.) Sigrid Balchen

APPENDIX C

TABLES OF RESPONSES BY QUESTIONS

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1. Send written reports to parents.	<u>Currently Does Relevancy</u>															
	Yes		2	12.5	5	33.3	1	14.3	28	24.3	0	0	6	6.3	3	23.1
	No		13	81.3	10	66.7	4	57.1	41	35.7	6	85.7	11	31.3	5	38.5
	Don't Know		0	0	0	0	1	14.3	46	40.0	1	14.3	20	62.5	5	38.5
	<u>No Response</u>		1	6.3	0	0	1	14.3	0	0	0	0	0	0	0	0
	<u>Currently Does Proficiency</u>															
	Well		0	0	1	6.7	0	0	1	0.9	0	0	2	5.4	0	0
	Adequate		2	12.5	4	26.7	1	14.3	18	15.7	0	0	4	10.8	1	7.7
	Poorly		0	0	0	0	0	0	6	5.2	0	0	1	2.7	0	0
	<u>No Response</u>		14	87.5	10	66.7	6	85.7	90	78.3	7	100.0	30	93.8	12	92.3
	<u>Currently Does Frequency</u>															
	Often		1	6.3	2	13.3	0	0	9	7.8	0	0	3	8.1	0	0
	Sometimes		1	6.3	1	6.7	1	14.3	11	9.6	0	0	1	6.3	1	7.7
	Rarely		0	0	2	13.3	1	14.3	6	5.2	0	0	4	10.8	0	0
	<u>No Response</u>		14	87.5	10	66.7	5	71.4	89	77.4	7	100.0	30	93.8	12	92.3
	<u>Ideally Should Relevancy</u>															
	Yes		4	25.0	7	46.7	4	57.1	70	60.9	2	28.6	22	68.8	9	69.2
	No		7	43.8	6	40.0	1	14.3	18	15.7	3	42.9	9	25.0	2	15.4
	Undecided		2	12.5	1	6.7	0	0	25	21.7	2	28.6	6	6.3	0	0
	<u>No Response</u>		3	18.8	1	6.7	2	28.6	2	1.7	0	0	0	0	2	15.4
	<u>Ideally Should Frequency</u>															
	Often		2	12.5	4	26.7	2	28.6	39	33.9	0	0	12	43.8	1	7.7
	Sometimes		3	18.8	3	20.0	2	28.6	26	22.6	2	28.6	8	25.0	5	38.5
	Rarely		0	0	2	13.3	0	0	4	3.5	1	14.3	2	5.4	0	0
	<u>No Response</u>		11	68.8	6	40.0	3	42.9	46	40.0	4	57.1	15	31.3	7	53.8

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
3. Advise on institutional placements.	Currently Does Relevancy															
	Yes		15	93.8	12	80.0	5	71.4	69	60.0	7	100.0	15	93.8	28	75.7
	No		0	0	2	13.3	1	14.3	4	3.5	0	0	0	0	3	8.1
	Don't Know		1	6.3	1	6.7	0	0	42	36.5	0	0	1	6.3	6	16.2
	No Response		0	0	0	0	1	14.3	0	0	0	0	0	0	0	0
	Currently Does Proficiency															
	Well		6	37.5	2	13.3	1	14.3	4	3.5	0	0	2	12.5	4	10.8
	Adequate		6	37.5	10	66.7	4	57.1	45	39.1	7	100.0	12	75.0	17	45.9
	Poorly		3	18.8	0	0	0	0	13	11.3	0	0	1	6.3	6	16.2
	No Response		1	6.3	3	20.0	2	28.6	53	46.1	0	0	1	6.3	10	27.0
	Currently Does Frequency															
	Often		6	37.5	6	40.0	1	14.3	24	20.9	0	0	2	12.5	4	10.8
	Sometimes		8	50.0	6	40.0	3	42.9	34	29.6	5	71.4	12	75.0	22	59.5
	Rarely		1	6.3	0	0	0	0	5	4.3	2	28.6	1	6.3	1	2.7
	No Response		1	6.3	3	20.0	3	42.9	52	45.2	0	0	1	6.3	10	27.0
	Ideally Should Relevancy															
	Yes		14	87.5	12	80.0	4	47.1	81	70.4	6	85.7	15	93.8	28	75.7
	No		0	0	1	6.7	1	14.3	2	1.7	0	0	0	0	2	5.4
	Undecided		1	6.3	1	6.7	0	0	28	24.3	0	0	1	6.3	6	16.2
	No Response		1	6.3	1	6.7	2	28.6	4	3.5	1	14.3	0	0	1	2.7
	Ideally Should Frequency															
	Often		12	75.0	7	46.7	1	14.3	39	33.9	4	57.1	8	50.0	14	37.8
	Sometimes		2	12.5	5	33.3	3	42.9	38	33.0	2	28.6	7	43.8	14	37.8
	Rarely		2	12.5	0	0	0	0	2	1.7	0	0	0	0	0	0
	No Response		0	0	3	20.0	3	42.9	36	31.3	1	14.3	1	6.3	9	24.3

753.8

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
4. Assess and diagnose individuals who have various types of epilepsy.	<u>Currently Does Relevancy</u>															
	Yes		12	75.0	6	40.0	0	0	6	85.7	11	68.8	18	48.6	7	53.8
	No		2	12.5	2	13.3	3	42.9	1	14.3	0	0	4	10.8	3	23.1
	Don't Know		2	12.5	7	46.7	2	28.6	0	0	5	31.3	15	40.5	3	23.1
	<u>No Response</u>		0	0	0	0	2	28.6	0	0	0	0	0	0	0	0
	<u>Currently Does Proficiency</u>															
	Well		3	18.8	1	6.7	0	0	1	14.3	4	25.0	8	21.6	4	30.8
	Adequate		9	56.3	5	33.3	0	0	5	71.4	6	37.5	10	27.0	2	15.4
	<u>Poorly</u>		0	0	0	0	1	14.3	0	0	1	6.3	0	0	1	7.7
	<u>No Response</u>		4	25.0	9	60.0	6	85.7	1	14.3	5	31.3	19	51.4	6	46.2
	<u>Currently Does Frequency</u>															
	Often		2	12.5	2	13.3	0	0	2	28.6	1	6.3	5	13.5	4	30.8
	<u>Sometimes</u>		8	50.0	3	20.0	0	0	3	42.9	10	62.5	11	29.7	2	15.4
	<u>Rarely</u>		2	12.5	1	6.7	2	28.6	1	14.3	0	0	1	2.7	1	7.1
	<u>No Response</u>		4	25.0	9	60.0	5	71.4	1	14.3	5	31.3	20	54.1	6	46.2
	<u>Ideally Should Relevancy</u>															
	Yes		11	68.8	7	46.7	1	14.3	5	71.4	10	62.5	19	51.4	3	23.1
	No		3	18.8	1	6.7	4	57.1	0	0	1	6.3	5	13.5	4	30.8
	<u>Undecided</u>		1	6.3	6	40.0	0	0	0	0	5	31.3	12	32.4	1	7.7
	<u>No Response</u>		1	6.3	1	6.7	2	28.6	2	28.6	0	0	1	2.7	5	38.5
	<u>Ideally Should Frequency</u>															
	Often		6	37.5	4	26.7	0	0	3	42.9	4	25.0	8	21.6	2	15.4
	<u>Sometimes</u>		3	18.8	4	26.7	1	14.3	2	28.6	5	31.3	10	27.0	1	7.7
	<u>Rarely</u>		1	6.3	0	0	1	14.3	0	0	0	0	0	0	0	0
	<u>No Response</u>		6	37.5	7	46.7	5	71.4	2	28.6	7	43.8	19	51.4	10	76.9

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

5. Counsel families in which one or more members is becoming rebellious and/or out of parental control.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
<u>Currently Does Relevancy</u>	16	100.0	11	73.3	2	28.6	63	54.8	7	100.0	13	81.3	24	64.9	9	69.2	
	No	0	0	0	1	14.3	9	7.8	0	0	1	6.3	2	5.4	0	0	
	Don't Know	0	0	4	26.7	3	42.9	42	36.5	0	0	2	12.5	11	29.7	4	30.8
	No Response	0	0	0	0	1	14.3	1	0.9	0	0	0	0	0	0	0	
	<u>Currently Does Proficiency</u>																
Well	1	6.3	1	6.7	1	14.3	4	3.5	1	14.3	0	0	6	16.2	5	38.5	
	Adequate	13	81.3	8	53.3	1	14.3	36	31.3	2	28.6	9	56.3	16	43.2	3	23.1
	Poorly	2	12.5	1	6.7	0	0	14	12.2	3	42.9	4	25.0	2	5.4	0	0
	No Response	0	0	5	33.3	5	71.4	61	53.0	1	14.3	3	18.8	13	35.1	5	38.5
	<u>Currently Does Frequency</u>																
Often	6	37.5	1	6.7	1	14.3	11	9.6	2	28.6	6	37.5	10	27.0	4	30.8	
	Sometimes	9	56.3	7	46.7	1	14.3	36	31.3	2	28.6	7	43.8	12	32.4	2	15.4
	Rarely	1	6.3	1	6.7	1	14.3	7	6.1	3	42.9	0	0	2	5.4	0	0
	No Response	0	0	6	40.0	4	57.1	61	53.0	0	0	3	18.8	13	35.1	7	53.8
	<u>Ideally Should Relevancy</u>																
Yes	15	93.8	14	93.3	3	42.9	97	84.3	6	85.7	14	87.5	26	70.3	6	46.2	
	No	0	0	0	0	0	0	2	1.7	0	0	2	12.5	2	5.4	0	0
	Undecided	0	0	1	6.7	2	28.6	13	11.3	0	0	0	0	7	18.9	2	15.4
	No Response	1	6.3	0	0	2	28.6	3	2.6	1	14.3	0	0	2	5.4	5	38.5
	<u>Ideally Should Frequency</u>																
Often	13	81.3	8	53.3	3	42.9	64	55.7	4	57.1	9	56.3	22	59.5	5	38.5	
	Sometimes	2	12.5	6	40.0	0	0	36	22.6	2	28.6	5	31.3	4	10.8	1	7.7
	Rarely	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	No Response	1	6.3	1	6.7	4	57.1	25	21.7	1	14.3	2	12.5	11	29.7	7	53.8

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

8. Assess physically handicapped individuals intellectually.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	16	100.0	9	60.0	3	42.9	51	44.3	5	71.4	10	62.5	22	59.5	7	53.8
	0	0	0	0	1	14.3	3	2.6	1	14.3	1	6.3	2	5.4	2	15.4
	0	0	6	40.0	2	28.6	61	53.0	1	14.3	5	31.3	13	35.1	4	30.8
	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	0	0
Currently Does Proficiency	4	25.0	0	0	0	0	6	5.2	1	14.3	0	0	3	8.1	2	15.4
	8	50.0	9	60.0	2	28.6	36	31.3	3	42.9	10	62.5	18	48.6	3	23.1
	3	18.8	0	0	1	14.3	1	0.9	1	14.3	0	0	1	2.7	0	0
	1	6.3	6	40.0	1	57.1	72	62.6	2	28.6	6	37.5	15	40.5	8	61.5
Currently Does Frequency	2	12.5	2	13.3	0	0	10	8.7	0	0	3	18.8	8	21.6	2	15.4
	9	56.3	6	40.0	1	14.3	28	24.3	4	57.1	6	37.5	12	32.4	3	23.1
	5	31.3	0	0	2	28.6	4	3.5	1	14.3	1	6.3	2	5.4	0	0
	0	0	7	46.7	4	57.1	73	63.5	2	28.6	6	37.5	15	40.5	8	61.5
Ideally Should Relevancy	14	87.5	11	73.3	4	57.1	77	67.0	5	71.4	11	68.8	28	75.7	6	46.2
	1	6.3	0	0	1	14.3	6	5.2	1	14.3	2	12.5	1	2.7	1	7.7
	0	0	2	13.3	0	0	31	27.0	0	0	3	18.8	5	13.5	2	15.4
	1	6.3	2	13.3	2	28.6	1	0.9	1	14.3	0	0	3	8.1	4	30.8
Ideally Should Frequency	6	37.5	6	40.0	4	57.1	39	33.9	3	42.9	4	25.0	13	35.1	4	30.8
	7	43.8	5	33.3	0	0	32	27.8	2	28.6	7	43.8	14	37.8	1	7.7
	1	6.3	0	0	0	0	1	0.9	0	0	1	6.3	0	0	0	0
	2	12.5	4	26.7	3	42.9	43	37.4	2	28.6	4	25.0	10	27.0	8	61.5

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

9. Recommend special educational procedures.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	15	93.8	14	93.3	5	71.4	104	90.4	6	85.7	12	75.0	34	91.9	11	84.6
	0	0	0	0	1	14.3	1	0.9	0	0	0	0	0	0	0	0
	0	0	1	6.7	0	0	10	8.7	0	0	4	25.0	2	5.4	2	15.4
	1	6.3	0	0	1	14.3	0	0	1	14.3	0	0	1	2.7	0	0
Currently Does Proficiency	4	25.0	2	13.3	0	0	8	7.0	1	14.3	4	25.0	10	27.0	4	30.8
	9	56.3	9	60.0	4	57.1	62	53.9	5	71.4	8	50.0	24	64.9	4	30.8
	2	12.5	3	20.0	1	14.3	31	27.0	0	0	0	0	0	0	1	7.7
	1	6.3	1	6.7	2	28.6	14	12.2	1	14.3	4	25.0	3	8.1	4	30.8
Currently Does Frequency	12	75.0	9	60.0	1	14.3	35	30.4	6	85.7	9	56.3	16	43.2	4	30.8
	3	18.8	5	33.3	4	57.1	53	46.1	0	0	3	18.8	18	48.6	3	23.1
	0	0	0	0	1	14.3	7	6.1	0	0	0	0	0	0	1	7.7
	1	6.3	1	6.7	1	14.3	20	17.4	1	14.3	4	25.0	3	8.1	5	38.5
Ideally Should Relevancy	12	75.0	13	86.7	5	71.4	99	86.1	4	57.1	15	93.8	32	86.5	6	46.2
	1	6.3	1	6.7	0	0	2	1.7	0	0	0	0	0	0	0	0
	1	6.3	0	0	0	0	13	11.3	0	0	1	6.3	3	8.1	2	15.4
	2	12.5	1	6.7	2	28.6	1	0.9	3	42.9	0	0	2	5.4	5	38.5
Ideally Should Frequency	8	50.0	9	60.0	3	42.9	73	63.5	3	42.9	10	62.5	23	62.2	5	38.5
	3	18.8	3	20.0	2	28.6	24	20.9	1	14.3	5	31.3	9	24.3	2	15.4
	2	12.5	0	0	0	0	3	2.6	0	0	0	0	0	0	0	0
	3	18.8	3	20.0	2	28.6	15	13.0	3	42.9	1	6.3	5	13.5	6	46.2

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
11. Advise on special educational placement.	<u>Currently Does Relevancy</u>															
	15	93.8	15	100.0	6	85.7	100	87.0	6	85.7	13	81.3	32	86.5	9	69.2
	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	14	12.2	0	0	3	18.8	4	10.8	4	30.8
	1	6.3	0	0	1	14.3	0	0	1	14.3	0	0	1	2.7	0	0
	<u>Currently Does Proficiency</u>															
	4	25.0	2	13.3	2	28.6	11	9.6	1	14.3	2	12.5	10	27.0	4	30.8
	9	56.0	11	73.3	3	42.9	60	52.2	3	42.9	10	62.5	22	59.5	3	23.1
	2	12.5	2	13.3	1	14.3	17	14.8	1	14.3	1	6.3	0	0	0	0
	1	6.3	0	0	1	14.3	27	23.5	2	28.6	3	18.8	5	13.5	6	46.2
	<u>Currently Does Frequency</u>															
	11	63.8	4	26.7	2	28.6	30	26.1	3	42.9	7	43.8	14	37.8	4	30.8
	4	25.0	9	60.0	4	57.1	51	44.3	3	42.9	6	37.5	18	48.6	3	23.1
	0	0	0	0	0	0	4	3.5	0	0	0	0	0	0	0	0
	1	6.3	2	13.3	1	14.3	30	26.1	1	14.3	3	18.8	5	13.5	6	46.2
	<u>Ideally Should Relevancy</u>															
	12	75.0	13	86.7	5	71.4	94	81.7	5	71.4	15	93.8	33	89.2	7	53.8
	1	6.3	1	6.7	0	0	3	2.6	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	16	13.9	0	0	1	6.3	2	5.4	1	7.7
	3	18.8	1	6.7	2	28.6	2	1.7	2	28.6	0	0	2	5.4	5	38.5
	<u>Ideally Should Frequency</u>															
	7	43.8	7	46.7	2	28.6	57	49.6	2	28.6	12	75.0	22	59.5	6	46.2
	5	31.3	6	40.0	3	42.9	34	29.6	3	42.9	3	18.8	11	29.7	2	15.4
	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	4	25.0	2	13.3	2	28.6	23	20.0	2	28.6	1	6.3	4	10.8	5	38.5

ALL GROUPS*

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

12. Offer treatment in the form of group therapy.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	7	43.8	2	13.3	2	28.6	13	11.3	2	28.6	2	12.5	5	13.5	3	23.1
	8	50.0	4	26.7	2	28.6	8	7.0	2	28.6	2	12.5	9	24.3	4	30.8
	0	0	9	60.0	2	28.6	94	81.7	2	28.6	12	75.0	22	59.5	6	46.2
	1	6.3	0	0	1	14.3	0	0	1	14.3	0	0	1	2.7	0	0
Currently Does Proficiency	0	0	0	0	1	14.3	1	0.9	0	0	0	0	1	2.7	2	15.4
	5	31.3	2	13.3	1	14.3	6	5.2	1	14.3	1	6.3	4	10.8	1	7.7
	2	12.5	0	0	0	0	3	2.6	1	14.3	1	6.3	0	0	0	0
	9	56.3	13	86.7	7	71.4	105	91.3	5	71.4	14	87.5	32	86.5	10	76.9
Currently Does Frequency	0	0	0	0	2	28.6	1	0.9	0	0	0	0	1	2.7	2	15.4
	4	25.0	2	13.3	0	0	7	6.1	0	0	2	12.5	2	5.4	1	7.7
	3	18.8	0	0	1	14.3	1	0.9	2	28.6	0	0	2	5.4	0	0
	9	56.3	13	86.7	4	57.1	106	92.2	5	71.4	14	87.5	32	86.5	10	76.9
Ideally Should Relevancy	12	75.0	6	40.0	4	57.1	58	50.4	4	57.1	8	50.0	26	70.3	6	46.2
	0	0	1	6.7	1	14.3	4	3.5	0	0	2	12.5	2	5.4	1	7.7
	1	6.3	5	33.3	1	14.3	50	43.5	1	14.3	6	37.5	7	18.9	3	23.1
	3	18.8	3	20.0	1	14.3	3	2.6	2	28.6	0	0	2	5.4	3	23.1
Ideally Should Frequency	5	31.3	0	0	3	42.9	22	19.1	1	14.3	4	25.0	13	35.1	5	38.5
	6	37.5	5	33.3	2	28.6	34	29.6	3	42.9	3	18.8	12	32.4	1	7.7
	0	0	1	6.7	0	0	1	0.9	0	0	1	6.3	1	2.7	0	0
	5	31.3	9	60.0	2	28.6	58	50.4	3	42.9	8	50.0	11	29.7	7	53.8

ALL GROUPS'																
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS																
13. Assist in the giving of public information on mental health.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	14	87.5	9	60.0	2	28.6	45	39.1	3	42.9	8	50.0	17	45.9	8	61.5
	0	0	3	20.0	2	28.6	7	6.1	1	14.3	0	0	1	2.7	1	7.7
	1	6.3	3	20.0	2	28.6	63	54.8	2	28.6	8	50.0	18	48.6	4	30.8
	1	6.3	0	0	1	14.3	0	0	1	14.3	0	0	1	2.7	0	0
Currently Does Proficiency	0	0	1	6.7	2	28.6	3	2.6	1	14.3	1	6.3	4	10.8	3	23.1
	9	56.3	4	26.7	0	0	22	19.1	1	14.3	4	25.0	10	27.0	3	23.1
	5	31.3	4	26.7	0	0	14	12.2	1	14.3	3	18.8	3	8.1	1	7.7
	2	12.5	6	40.0	5	71.4	76	66.1	4	57.1	8	50.0	20	54.1	6	46.2
Currently Does Frequency	1	6.3	1	6.7	2	28.6	3	2.6	0	0	2	12.5	3	8.1	2	15.4
	10	62.5	5	33.3	0	0	21	18.3	2	28.6	5	31.3	12	32.4	3	23.1
	3	18.8	2	13.3	0	0	14	12.2	1	14.3	1	6.3	1	2.7	1	7.7
	2	12.5	7	46.7	5	71.4	77	67.0	4	57.1	8	50.0	21	56.8	7	53.8
Ideally Should Relevancy	12	75.0	13	86.7	4	57.1	86	74.8	6	85.7	13	81.3	29	78.4	4	30.8
	0	0	1	6.7	1	14.3	3	2.6	0	0	1	6.3	0	0	1	7.7
	1	6.3	1	6.7	1	14.3	23	20.0	0	0	2	12.5	5	13.5	2	15.4
	3	18.8	0	0	1	14.3	3	2.6	1	14.3	0	0	3	8.1	6	46.2
Ideally Should Frequency	7	43.8	7	46.7	4	57.1	59	51.3	3	42.9	11	68.8	22	59.5	5	38.5
	5	31.3	6	40.0	1	14.3	23	20.0	2	28.6	2	12.5	6	16.2	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	1	2.7	0	0
	4	25.0	2	13.3	2	28.6	33	28.7	2	28.6	3	18.8	8	21.6	8	61.5

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

14. Assess individuals of all ages; children, adolescents, and adults.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Currently Does Relevancy</u>																
	Yes															
	14	87.5	9	60.0	3	42.9	46	40.0	3	42.9	10	62.5	20	54.1	4	30.8
	1	6.3	2	13.3	1	14.3	15	13.0	3	42.9	3	18.8	6	16.2	6	46.2
Don't Know	0	0	4	26.7	2	28.6	54	47.0	0	0	3	18.8	10	27.0	3	23.1
	1	6.3	0	0	1	14.3	0	0	1	14.3	0	0	1	2.7	0	0
<u>Currently Does Proficiency</u>																
Well	3	18.8	0	0	2	28.6	2	1.7	2	28.6	0	0	6	16.2	2	15.4
	9	56.3	8	53.3	1	14.3	36	31.3	1	14.3	8	50.0	15	40.5	2	15.4
	2	12.5	0	0	0	0	3	2.6	0	0	2	12.5	0	0	0	0
	2	12.5	7	46.7	4	57.1	74	64.3	4	57.1	6	37.5	16	43.2	9	69.2
<u>Currently Does Frequency</u>																
Often	7	43.8	1	6.7	1	14.3	11	9.6	3	42.9	8	50.0	14	37.8	3	23.1
	6	37.5	7	46.7	1	14.3	27	23.5	0	0	2	12.5	7	18.9	1	7.7
	1	6.3	0	0	1	14.3	1	0.9	0	0	0	0	0	0	0	0
	2	12.5	7	46.7	4	57.1	76	66.1	4	57.1	6	37.5	16	43.2	9	69.2
<u>Ideally Should Relevancy</u>																
Yes	12	75.0	9	60.9	3	42.9	69	60.0	2	28.6	10	62.5	24	64.9	3	23.1
	1	6.3	3	20.0	1	14.3	13	11.3	2	28.6	3	18.8	6	16.2	4	30.8
	0	0	3	20.0	1	14.3	30	26.1	1	14.3	3	18.8	4	10.8	2	15.4
	3	18.3	0	0	2	28.6	3	2.6	2	28.6	0	0	3	8.1	4	30.8
<u>Ideally Should Frequency</u>																
Often	9	56.3	3	20.0	3	42.9	44	38.3	2	28.6	10	62.5	21	56.8	3	23.1
	3	18.8	7	46.7	0	0	21	18.3	0	0	0	0	3	8.1	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4	25.0	5	33.3	4	57.1	50	43.5	5	71.4	6	37.5	13	35.1	10	76.9

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
15. Place its emphasis upon treatment rather than educational diagnosis.	Currently Does Relevancy																
	Yes	5	31.3	3	20.0	1	14.3	18	15.7	2	28.6	5	31.3	12	32.4	3	23.1
	No	7	43.8	11	73.3	3	42.9	43	37.4	2	28.6	7	43.8	8	21.6	3	23.1
	Don't Know	2	12.5	1	6.7	1	14.1	54	47.0	1	14.3	4	25.0	16	43.2	7	53.8
	No Response	2	12.5	0	0	2	28.6	0	0	2	28.6	0	0	1	2.7	0	0
	Currently Does Proficiency																
	Well	0	0	0	0	1	14.3	1	0.9	0	0	0	0	1	2.7	1	7.7
	Adequate	3	18.8	2	13.3	0	0	10	8.7	1	14.3	4	25.0	9	24.3	2	15.4
	Poorly	3	18.8	3	20.0	0	0	3	2.6	1	14.3	1	6.3	3	8.1	0	0
	No Response	10	62.5	10	66.7	6	85.7	101	87.8	5	71.4	11	68.8	24	64.9	10	76.9
	Currently Does Frequency																
	Often	2	12.5	0	0	1	14.3	4	3.5	0	0	2	12.5	6	16.2	2	15.4
	Sometimes	4	25.0	2	13.3	0	0	9	7.8	1	14.3	3	18.8	6	16.2	0	0
	Rarely	0	0	2	13.3	1	14.3	0	0	1	14.3	0	0	0	0	0	0
	No Response	10	62.5	11	73.3	5	71.4	102	88.7	5	71.4	11	68.8	25	67.6	11	84.6
	Ideally Should Relevancy																
	Yes	7	43.8	7	46.7	3	42.9	53	46.1	4	57.1	13	81.3	17	45.9	4	30.8
	No	3	18.8	5	33.3	0	0	13	11.3	0	0	2	12.5	6	16.2	2	15.4
	Undecided	3	18.8	3	20.0	2	28.6	46	40.0	1	14.3	1	6.3	11	29.7	4	30.8
	No Response	3	18.8	0	0	2	28.6	3	2.6	2	28.6	0	0	3	8.1	3	23.1
	Ideally Should Frequency																
	Often	5	31.3	7	46.7	2	28.6	39	33.9	4	57.1	11	68.8	15	40.5	4	30.8
	Sometimes	2	12.5	2	13.3	0	0	13	11.3	0	0	2	12.5	2	5.4	0	0
	Rarely	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	0	0
	No Response	9	56.3	6	40.0	4	57.1	63	54.8	3	42.9	3	18.8	20	54.1	9	69.2

ALL GROUPS

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

17. Act as a training centre for social workers.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
	Currently Does Relevancy															
Yes	6	37.5	2	13.3	2	28.6	19	16.5	0	0	2	12.5	8	21.6	6	46.2
No	6	37.5	2	13.3	2	28.6	5	4.3	1	14.3	8	50.0	15	40.5	0	0
Don't Know	3	18.8	11	73.3	2	28.6	91	79.1	4	57.1	6	37.5	13	35.1	7	54.8
No Response	1	6.3	0	0	1	14.3	0	0	2	28.6	0	0	1	2.7	0	0
Currently Does Proficiency																
Well	1	6.3	0	0	1	14.3	3	2.6	0	0	0	0	2	5.4	2	15.4
Adequate	4	25.0	2	13.3	1	14.3	11	9.6	0	0	1	6.3	5	13.5	1	7.7
Poorly	1	6.3	0	0	0	0	4	3.5	0	0	1	6.3	1	2.7	2	15.4
No Response	10	62.5	13	86.7	5	71.4	97	84.3	7	100.0	14	87.5	29	78.4	8	61.5
Currently Does Frequency																
Often	2	12.5	0	0	1	14.3	7	6.1	0	0	0	0	0	0	3	23.1
Sometimes	2	12.5	2	13.3	1	14.3	9	7.8	0	0	1	6.3	6	16.2	1	7.7
Rarely	2	12.5	0	0	0	0	1	0.9	0	0	1	6.3	2	5.4	1	7.7
No Response	10	62.5	13	86.7	5	71.4	98	85.2	7	100.0	14	87.5	29	78.4	8	61.5
Ideally Should Relevancy																
Yes	8	50.0	5	33.3	3	42.9	58	50.4	2	28.6	8	50.0	17	45.9	6	46.2
No	3	18.8	4	26.7	2	28.6	10	8.7	2	28.6	5	31.3	7	18.9	0	0
Undecided	2	12.5	4	26.7	1	14.3	44	38.3	1	14.3	3	18.8	9	24.3	2	15.4
No Response	3	18.8	2	13.3	1	14.3	3	2.6	2	28.6	0	0	4	10.8	5	38.5
Ideally Should Frequency																
Often	6	37.5	4	26.7	2	28.6	35	30.4	0	0	3	18.8	8	21.6	6	46.2
Sometimes	2	12.5	2	13.3	1	14.3	18	15.7	2	28.6	5	31.3	6	16.2	0	0
Rarely	0	0	0	0	0	0	1	0.9	0	0	0	0	1	2.7	0	0
No Response	8	50.0	9	60.0	4	57.1	61	53.0	5	71.4	8	50.0	22	59.5	7	53.8

ALL GROUPS

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
19. Work in close cooperation with the schools--with the emphasis upon teamwork rather than duplication.	<u>Currently Does Relevancy</u>																	
		Yes	16	100.0	11	73.3	1	14.3	59	51.3	6	85.7	10	62.5	21	56.8	9	69.2
		No	0	0	3	20.0	5	71.4	32	27.8	1	14.3	0	0	1	2.7	0	0
		Don't Know	0	0	1	6.7	0	0	24	20.9	0	0	6	37.5	15	40.5	3	23.1
	<u>No Response</u>		0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>																	
		Well	2	12.5	3	20.0	1	14.3	6	5.2	1	14.3	1	6.3	6	16.2	6	46.2
		Adequate	10	62.5	5	33.3	0	0	33	28.7	3	42.9	7	43.8	13	32.4	1	7.7
		Poorly	4	25.0	5	33.3	2	28.6	21	18.3	3	42.9	2	12.5	3	8.1	1	7.7
	<u>No Response</u>		0	0	2	13.3	4	57.1	55	47.8	0	0	6	37.5	16	43.2	5	38.5
	<u>Currently Does Frequency</u>																	
		Often	8	50.8	4	26.7	1	14.3	15	13.0	4	57.1	6	37.5	11	29.7	6	46.2
		Sometimes	8	50.8	5	33.3	0	0	26	22.6	0	0	4	25.0	7	18.9	1	7.7
		Rarely	0	0	4	26.7	1	14.3	14	12.2	2	28.6	0	0	3	8.1	1	7.7
	<u>No Response</u>		0	0	2	13.3	5	71.4	60	52.2	1	14.3	6	37.5	16	43.2	5	38.5
	<u>Ideally Should Relevancy</u>																	
		Yes	14	87.5	14	93.3	5	71.4	103	89.6	6	85.7	15	93.8	31	83.8	8	61.5
		No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Undecided	0	0	0	0	1	14.3	11	9.6	0	0	1	6.3	4	10.8	0	0
	<u>No Response</u>		2	12.5	1	6.7	1	14.3	1	0.9	1	14.3	0	0	2	5.4	5	38.5
	<u>Ideally Should Frequency</u>																	
		Often	14	87.5	14	93.3	5	71.4	89	77.4	6	85.7	12	75.0	28	75.7	6	46.2
		Sometimes	0	0	0	0	0	0	9	7.8	0	0	3	18.8	2	5.4	0	0
		Rarely	0	0	0	0	0	0	2	1.7	0	0	0	0	0	0	1	7.7
	<u>No Response</u>		2	12.5	1	6.7	2	28.6	15	13.0	1	14.3	1	6.3	7	18.9	6	46.2

ALL GROUPS

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

20. Medically treat individuals who have various forms of epilepsy.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy																
	Yes															
	13	81.3	4	26.7	2	28.6	7	6.1	4	57.1	6	37.5	20	54.1	6	46.2
	2	12.5	3	20.0	0	0	12	10.4	0	0	2	12.5	5	13.5	2	15.4
Don't Know	1	6.3	8	53.3	3	42.9	96	83.5	2	28.6	8	50.0	12	32.4	4	30.8
	0	0	0	0	2	28.6	0	0	1	14.3	0	0	0	0	1	7.7
No Response																
Currently Does Proficiency																
	Well															
	2	12.5	2	13.3	1	14.3	2	1.7	3	42.9	0	0	5	13.5	3	23.1
	9	56.3	2	13.3	0	0	3	2.6	1	14.3	6	37.5	15	40.5	3	23.1
Adequate	2	12.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2	12.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Poorly	3	18.8	11	73.3	6	85.7	110	95.7	3	42.9	10	62.5	17	45.9	7	53.8
No Response																
Currently Does Frequency																
	Often															
	4	25.0	3	20.0	1	14.3	2	1.7	1	14.3	1	6.3	8	21.6	3	23.1
	9	56.3	1	6.7	0	0	3	2.6	3	42.9	5	31.3	11	29.7	2	15.4
Sometimes	0	0	0	0	0	0	0	0	0	0	0	0	1	2.7	1	7.7
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rarely	3	18.8	11	73.3	6	85.7	110	95.7	3	42.9	10	62.5	17	45.9	7	53.8
No Response																
Ideally Should Relevancy																
	Yes															
	11	68.8	8	53.3	0	0	22	19.1	4	57.1	8	50.0	16	43.2	3	23.1
	3	18.8	6	40.0	4	57.1	26	22.6	1	14.3	5	31.3	8	21.6	4	30.8
No	1	6.3	1	6.7	2	28.6	64	55.7	1	14.3	3	18.8	11	29.7	1	7.7
	1	6.3	0	0	1	14.3	3	2.6	1	14.3	0	0	2	5.4	5	38.5
Undecided																
No Response	5	31.3	7	46.7	0	0	11	9.6	3	42.9	4	25.0	7	18.9	2	15.4
	6	37.5	1	6.7	0	0	8	7.0	1	14.3	4	25.0	8	21.6	1	7.7
Often	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
Sometimes	5	31.3	7	46.7	7	100.0	95	82.6	3	42.9	8	50.0	22	59.5	10	76.9
	5	31.3	7	46.7	7	100.0	95	82.6	3	42.9	8	50.0	22	59.5	10	76.9
No Response																
Ideally Should Frequency																
	Often															
	5	31.3	7	46.7	0	0	11	9.6	3	42.9	4	25.0	7	18.9	2	15.4
	6	37.5	1	6.7	0	0	8	7.0	1	14.3	4	25.0	8	21.6	1	7.7
Rarely	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
No Response	5	31.3	7	46.7	7	100.0	95	82.6	3	42.9	8	50.0	22	59.5	10	76.9
	5	31.3	7	46.7	7	100.0	95	82.6	3	42.9	8	50.0	22	59.5	10	76.9

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

22. Assess intel- ligence.	Guidance Clinic Personnel		School Princi- pals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Currently Does</u> <u>Relevancy</u> Yes. No Don't Know No Response	16	100.0	15	100.0	4	57.1	109	94.8	7	100.0	16	100.0	36	97.3	9	69.2
	0	0	0	0	1	14.3	1	0.9	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	5	4.3	0	0	0	0	1	2.7	3	23.1
	0	0	0	0	2	28.6	0	0	0	0	0	0	0	0	1	7.7
<u>Currently Does</u> <u>Proficiency</u> Well Adequate Poorly No Response	8	50.0	6	40.0	1	14.3	24	20.9	4	57.1	3	18.8	13	35.1	4	30.8
	6	37.5	8	53.3	3	42.9	72	62.6	3	42.9	13	81.3	20	54.1	4	30.8
	2	12.5	0	0	1	14.3	9	7.8	0	0	0	0	2	5.4	0	0
	0	0	1	6.7	2	28.6	10	8.7	0	0	0	0	2	5.4	5	38.5
<u>Currently Does</u> <u>Frequency</u> Often Sometimes Rarely No Response	13	81.3	10	66.7	3	42.9	48	41.7	5	71.4	12	75.0	25	67.6	6	46.2
	2	12.5	5	33.3	2	28.6	45	39.1	2	28.6	4	25.0	10	27.0	2	15.4
	0	0	0	0	0	0	2	1.7	0	0	0	0	0	0	0	0
	1	6.3	0	0	2	28.6	20	17.4	0	0	0	0	2	5.4	5	38.5
<u>Ideally Should</u> <u>Relevancy</u> Yes No Undecided No Response	14	87.5	14	93.3	5	71.4	91	79.1	6	85.7	16	100.0	33	89.2	6	46.2
	0	0	0	0	1	14.3	4	3.5	0	0	0	0	0	0	1	7.7
	0	0	0	0	0	0	19	16.5	0	0	0	0	3	8.1	1	7.7
	2	12.5	1	6.7	1	14.3	1	0.9	1	14.3	0	0	1	2.7	5	38.5
<u>Ideally Should</u> <u>Frequency</u> Often Sometimes Rarely No Response	13	81.3	11	73.3	4	57.1	65	56.5	2	28.6	12	75.0	27	73.0	6	46.2
	1	6.3	3	20.0	0	0	22	19.1	4	57.1	4	25.0	5	13.5	0	0
	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	0	0
	2	12.5	1	6.7	2	28.6	28	24.3	1	14.3	0	0	5	13.5	7	53.8

ALL GROUPS

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

23. Assess only individuals who are under age sixteen.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Currently Does Relevancy</u> Yes No Don't Know No Response	5	31.3	3	20.0	0	0	9	7.8	1	14.3	0	0	3	8.1	6	46.2
	11	68.8	8	53.3	1	14.3	35	30.4	4	57.1	9	56.3	24	64.9	4	30.8
	0	0	0	0	5	71.4	71	61.7	2	28.6	7	43.8	10	27.0	2	15.4
	0	0	4	26.7	1	14.3	0	0	0	0	0	0	0	0	1	7.7
<u>Currently Does Proficiency</u> Well Adequate Poorly No Response	4	25.0	1	6.7	1	14.3	2	1.7	0	0	0	0	1	2.7	3	23.1
	1	6.3	2	13.3	0	0	5	4.3	1	14.3	0	0	2	5.4	2	15.4
	1	6.3	0	0	0	0	0	0	0	0	0	0	0	0	1	7.7
	10	62.5	12	80.0	6	85.7	108	93.9	6	85.7	16	100.0	34	91.9	7	53.8
<u>Currently Does Frequency</u> Often Sometimes Rarely No Response	6	37.5	2	13.3	0	0	4	3.5	1	14.3	0	0	2	5.4	4	30.8
	0	0	1	6.7	1	14.3	1	0.9	0	0	0	0	0	0	1	7.7
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	7.7
	10	62.5	12	80.0	6	85.7	110	95.7	6	85.7	16	100.0	35	94.6	7	53.8
<u>Ideally Should Relevancy</u> Yes No Undecided No Response	6	37.5	2	13.3	1	14.3	24	20.9	2	28.6	0	0	7	18.9	4	30.8
	8	50.0	8	53.3	3	42.9	55	47.8	5	71.4	12	75.0	20	54.1	3	23.1
	0	0	5	33.3	2	28.6	32	27.8	0	0	4	25.0	7	18.9	2	15.4
	2	12.5	0	0	1	14.3	4	3.5	0	0	0	0	3	8.1	4	30.8
<u>Ideally Should Frequency</u> Often Sometimes Rarely No Response	4	25.0	2	13.3	0	0	17	14.8	1	14.3	0	0	7	18.9	4	30.8
	3	18.0	0	0	1	14.3	6	5.2	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	9	56.3	13	86.7	6	85.7	92	80.0	6	85.7	16	100.0	30	81.1	9	69.2

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

		Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
24. Assess individuals who are thought to be candidates for eugenical sterilization.	Currently Does Relevancy	2	12.5	0	0	0	0	3	2.6	0	0	0	0	4	10.8	1	7.7
	Yes																
	No	13	81.3	2	13.3	2	28.6	1	0.9	1	14.3	1	6.3	8	21.6	5	38.5
	Don't Know	1	6.3	12	80.0	4	57.1	111	96.5	5	71.4	15	93.8	25	67.6	6	46.2
	No Response	0	0	1	6.7	1	14.3	0	0	1	14.3	0	0	0	0	1	7.7
	Currently Does Proficiency	1	6.3	0	0	1	14.3	0	0	0	0	0	0	0	0	0	0
	Well																
	Adequate	1	6.3	0	0	0	0	2	1.7	0	0	0	0	3	8.1	0	0
	Poorly	0	0	0	0	0	0	1	0.9	0	0	0	0	1	2.7	1	7.7
	No Response	14	87.5	15	100.0	6	85.7	112	97.4	7	100.0	16	100.0	33	89.2	12	92.3
	Currently Does Frequency	1	6.3	0	0	0	0	0	0	0	0	0	0	1	2.7	0	0
	Often																
	Sometimes	1	6.3	0	0	1	14.3	3	2.6	0	0	0	0	1	2.7	0	0
	Rarely	0	0	0	0	0	0	0	0	0	0	0	0	2	5.4	1	7.7
	No Response	14	87.5	15	100.0	6	85.7	112	97.4	7	100.0	16	100.0	33	89.2	12	92.3
	Ideally Should Relevancy	3	18.8	2	13.3	2	28.6	19	16.5	3	42.9	2	12.5	12	32.4	4	30.8
	Yes																
	No	7	43.8	3	20.0	2	28.6	12	10.4	3	42.9	2	12.5	9	24.3	5	38.5
	Undecided	4	25.0	8	53.3	2	28.6	80	69.6	1	14.3	12	75.0	14	37.8	1	7.7
	No Response	2	12.5	2	13.3	1	14.3	4	3.5	0	0	0	0	2	5.4	3	23.1
	Ideally Should Frequency	0	0	0	0	0	0	10	8.7	1	14.3	0	0	4	10.8	1	7.7
	Often																
	Sometimes	0	0	1	6.7	1	14.3	7	6.1	1	14.3	2	12.5	7	18.9	2	15.4
	Rarely	3	18.8	0	0	1	14.3	1	0.9	1	14.3	0	0	0	0	0	0
	No Response	13	81.3	14	93.3	5	71.4	97	84.3	4	57.1	14	87.5	26	70.3	10	76.9

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
25. Assess only individuals who are under age twenty-one.	<u>Currently Does Relevancy</u>																	
	Yes		6	37.5	2	13.3	2	28.6	7	6.1	3	42.9	1	6.3	4	10.8	0	0
	No		10	62.5	3	20.0	1	14.3	24	20.9	2	28.6	9	56.3	23	62.2	8	61.5
	Don't Know		0	0	10	66.7	3	42.9	84	73.0	2	28.6	6	37.5	10	27.0	4	30.8
	<u>No Response</u>		0	0	0	0	1	14.3	0	0	0	0	0	0	0	1	7.7	
	<u>Currently Does Proficiency</u>																	
	Well		2	12.5	1	6.7	0	0	1	0.9	1	14.3	0	0	1	2.7	0	0
	Adequate		1	6.3	1	6.7	2	28.6	6	5.2	1	14.3	1	6.3	3	8.1	0	0
	Poorly		3	18.8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<u>No Response</u>		10	62.5	13	86.7	5	71.4	108	93.9	5	71.4	15	93.8	33	89.2	13	100.0
	<u>Currently Does Frequency</u>																	
	Often		5	31.3	1	6.7	0	0	3	2.6	2	28.6	1	6.3	2	5.4	0	0
	Sometimes		1	6.3	1	6.7	1	14.3	3	2.6	0	0	0	0	2	5.4	0	0
	Rarely		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<u>No Response</u>		10	62.5	13	86.7	6	85.7	109	94.8	5	71.4	15	93.8	33	89.2	13	100.0
	<u>Ideally Should Relevancy</u>																	
	Yes		6	37.5	4	26.7	1	14.3	19	16.5	4	57.1	3	18.8	8	21.6	0	0
	No		8	50.0	6	40.0	3	42.9	50	43.5	1	14.3	6	37.5	19	51.4	7	53.8
	Undecided		1	6.3	5	33.3	2	28.6	43	37.4	1	14.3	7	43.8	8	21.6	3	23.1
	<u>No Response</u>		1	6.3	0	0	1	14.3	3	2.6	1	14.3	0	0	2	5.4	3	23.1
	<u>Ideally Should Frequency</u>																	
	Often		3	18.8	2	13.3	0	0	10	8.7	3	42.9	1	6.3	6	16.2	0	0
	Sometimes		4	25.0	2	13.3	1	14.3	7	6.1	0	0	2	12.5	1	2.7	1	7.7
	Rarely		0	0	0	0	0	0	0	0	0	0	0	0	1	2.7	0	0
	<u>No Response</u>		9	56.3	11	73.3	6	85.7	98	85.2	4	57.1	13	81.3	29	78.4	12	92.3

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
26. Assess those who are suspected of having some brain dysfunction (brain damage).	<u>Currently Does Relevancy</u>																	
	Yes		15	93.8	12	80.0	4	57.1	64	55.7	6	85.7	10	62.5	30	81.1	9	69.2
	No		0	0	0	0	0	0	2	1.7	0	0	1	6.3	1	2.7	1	7.7
	Don't Know		0	0	3	20.0	1	14.3	48	41.7	1	14.3	5	31.3	6	16.2	2	15.4
	<u>Currently Does Proficiency</u>																	
	Well		2	12.5	1	6.7	2	28.6	6	5.2	3	42.9	1	6.3	6	16.2	4	30.8
	Adequate		9	56.3	12	80.0	3	42.9	44	38.3	3	42.9	9	56.3	20	54.1	4	30.8
	Poorly		4	25.0	0	0	0	0	4	3.5	0	0	0	0	2	5.4	0	0
	<u>Currently Does Frequency</u>																	
	Often		8	50.0	5	33.3	3	42.9	13	11.3	1	14.3	1	6.3	9	24.3	5	38.5
	Sometimes		6	37.5	7	46.7	2	28.6	33	31.3	5	71.4	9	56.3	15	40.5	3	23.1
	Rarely		1	6.3	1	6.7	0	0	2	1.7	0	0	0	0	4	10.8	0	0
	<u>Ideally Should Relevancy</u>																	
	Yes		13	81.3	14	93.3	5	71.4	76	66.1	6	85.7	10	62.5	26	70.3	6	46.2
	No		1	6.3	0	0	0	0	5	4.3	0	0	2	12.5	4	10.8	1	7.7
	Undecided		0	0	0	0	1	14.3	30	26.1	0	0	4	25.0	5	13.5	1	7.7
	<u>Ideally Should Frequency</u>																	
	Often		6	37.5	10	66.7	3	42.9	55	47.8	4	57.1	5	31.3	17	45.9	4	30.8
	Sometimes		7	43.8	3	28.0	2	28.6	18	15.7	2	28.6	5	31.3	7	18.9	2	15.4
	Rarely		0	0	1	6.7	0	0	1	0.9	0	0	0	0	1	2.7	0	0
	<u>No Response.</u>		3	18.8	1	6.7	2	28.6	41	35.7	1	14.3	6	37.5	12	32.4	7	53.8

27. Charge for its services.		ALL GROUPS'															
		RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS															
		Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	Yes	0	0	0	0	0	0	1	0.9	0	0	0	0	1	2.7	0	0
	No	14	87.5	15	100.0	6	85.7	73	63.5	7	100.0	12	75.0	31	83.8	9	69.2
	Don't Know	1	6.3	0	0	0	0	41	35.7	0	0	4	25.0	5	13.5	3	23.1
	No Response	1	6.3	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
Currently Does Proficiency	Well	0	0	1	6.7	1	14.3	0	0	0	0	0	0	0	0	0	0
	Adequate	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	Poorly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No Response	16	100.0	14	93.3	6	85.7	114	99.1	7	100.0	16	100.0	37	100.0	13	100.0
Currently Does Frequency	Often	0	0	1	6.7	0	0	0	0	0	0	0	0	0	0	0	0
	Sometimes	0	0	0	0	1	14.3	1	0.9	0	0	0	0	0	0	0	0
	Rarely	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No Response	16	100.0	14	93.3	6	85.7	114	99.1	7	100.0	16	100.0	37	100.0	13	100.0
Ideally Should Relevancy	Yes	1	6.3	1	6.7	0	0	3	2.6	0	0	0	0	2	5.4	2	15.4
	No	13	81.3	13	86.7	5	71.4	79	68.7	7	100.0	13	81.3	27	73.0	8	61.5
	Undecided	0	0	0	0	1	14.3	27	23.5	0	0	3	18.8	5	13.5	1	7.7
	No Response	2	12.5	1	6.7	1	14.3	6	5.2	0	0	0	0	3	8.1	2	15.4
Ideally Should Frequency	Often	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	1	7.7
	Sometimes	1	6.3	1	6.7	0	0	2	1.7	0	0	0	0	2	5.4	0	0
	Rarely	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No Response	15	93.8	14	93.3	7	100.0	112	97.4	7	100.0	16	100.0	35	94.6	12	92.3

ALL GROUPS*

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

29. Diagnose reading problems.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Currently Does Relevancy</u> Yes No Don't Know No Response	15	93.8	15	100.0	4	57.1	87	75.7	7	100.0	10	62.5	29	78.4	7	53.8
	0	0	0	0	1	14.3	5	4.3	0	0	0	0	1	2.7	0	0
	0	0	0	0	0	0	23	20.0	0	0	6	37.5	6	16.2	5	38.5
	1	6.3	0	0	2	28.6	0	0	0	0	0	0	1	2.7	1	7.7
<u>Currently Does Proficiency</u> Well Adequate Poorly No Response	1	6.3	4	26.7	2	28.6	8	7.0	3	42.9	1	6.3	10	27.0	4	30.8
	11	68.8	9	60.0	2	28.6	56	48.7	4	57.1	8	50.0	17	45.9	3	23.1
	3	18.8	1	6.7	1	14.3	18	15.7	0	0	1	6.3	0	0	0	0
	1	6.3	1	6.7	2	28.6	33	28.7	0	0	6	37.5	10	27.0	6	46.2
<u>Currently Does Frequency</u> Often Sometimes Rarely No Response	7	43.8	7	46.7	2	28.6	17	14.8	4	57.1	4	25.0	11	29.7	5	38.5
	7	43.8	6	40.0	2	28.6	52	45.2	3	42.9	6	37.5	14	37.8	2	15.4
	1	6.3	0	0	1	14.3	7	6.1	0	0	0	0	1	2.7	0	0
	1	6.3	2	13.3	2	28.6	39	33.9	0	0	6	37.5	11	29.7	6	46.2
<u>Ideally Should Relevancy</u> Yes No Undecided No Response	14	87.5	13	86.7	5	71.4	85	73.9	6	85.7	13	81.3	30	81.1	7	53.8
	0	0	0	0	0	0	4	3.5	0	0	1	6.3	1	2.7	0	0
	0	0	1	6.7	1	14.3	25	21.7	0	0	2	12.5	3	8.1	1	7.7
	2	12.5	1	6.7	1	14.3	1	0.9	1	14.3	0	0	3	8.1	5	38.5
<u>Ideally Should Frequency</u> Often Sometimes Rarely No Response	9	56.3	8	53.3	3	42.9	65	56.5	4	57.1	9	56.3	21	56.8	6	46.2
	5	31.3	4	26.7	2	28.6	16	13.9	2	28.6	4	25.0	8	21.6	1	7.7
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2	12.5	3	20.0	2	28.6	34	29.6	1	14.3	3	18.8	8	21.6	6	46.2

ALL GROUPS*

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
30. Assess those individuals who are adults and have broken the law.	<u>Currently Does Relevancy</u>															
	7	43.8	2	13.3	0	0	10	8.7	2	28.6	7	43.8	7	18.9	2	15.4
	6	37.5	1	6.7	2	28.6	10	8.7	3	42.9	3	18.8	15	40.5	4	30.8
	1	6.3	12	80.0	3	42.9	95	82.6	2	28.6	6	37.5	15	40.5	5	38.5
	2	12.5	0	0	2	28.6	0	0	0	0	0	0	0	0	2	15.4
	<u>Currently Does Proficiency</u>															
	0	0	0	0	1	14.3	0	0	0	0	0	0	1	2.7	0	0
	6	37.5	2	13.3	0	0	6	5.6	1	14.3	7	43.8	6	16.2	2	15.4
	1	6.3	0	0	0	0	2	1.7	0	0	0	0	0	0	0	0
	9	56.3	13	86.7	6	85.7	107	93.0	6	85.7	9	56.3	30	81.1	11	84.6
	<u>Currently Does Frequency</u>															
	0	0	0	0	0	0	0	0	0	0	0	0	1	2.7	1	7.7
	4	25.0	2	13.3	0	0	5	4.3	2	28.6	6	37.5	4	10.8	1	7.7
	3	18.8	0	0	0	0	2	1.7	0	0	1	6.3	2	5.4	0	0
	9	56.3	13	86.7	7	100.0	108	93.9	5	71.4	9	56.3	30	81.1	11	84.6
	<u>Ideally Should Relevancy</u>															
	4	25.0	4	26.7	1	14.3	36	31.3	2	28.6	7	43.8	12	32.4	2	15.4
	5	31.3	3	20.0	3	42.9	15	13.0	4	57.1	5	31.3	14	37.7	5	38.5
	4	25.0	6	40.0	2	28.6	60	52.2	1	14.3	4	25.0	9	24.3	1	7.7
	3	18.8	2	13.3	1	14.3	4	3.5	0	0	0	0	2	5.4	5	38.5
	<u>Ideally Should Frequency</u>															
	3	18.8	0	0	1	14.3	20	17.4	0	0	1	6.3	3	8.1	1	7.7
	1	6.3	4	26.7	0	0	14	13.2	2	28.6	6	37.5	9	24.3	1	7.7
	0	0	1	6.7	0	0	0	0	0	0	0	0	0	0	0	0
	12	75.0	10	66.7	6	85.7	81	70.4	5	71.4	9	56.3	25	67.6	11	84.6

ALL GROUPS*

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
31. Consult with most other community agencies.	<u>Currently Does Relevancy</u>															
	15	93.8	5	26.7	3	42.9	20	17.4	6	85.7	13	81.3	28	75.7	6	46.2
	0	0	0	0	1	14.3	6	5.2	1	14.3	1	6.3	2	5.4	0	0
	0	0	11	73.3	1	14.3	88	76.5	0	0	2	12.5	7	18.9	6	46.2
	<u>Currently Does Proficiency</u>															
	0	0	1	6.7	0	0	4	3.5	0	0	2	12.5	4	10.8	3	23.1
	11	68.8	4	26.7	1	14.3	12	10.4	2	28.6	8	50.0	16	43.2	3	23.1
	4	25.0	0	0	1	14.3	1	0.9	4	57.1	3	18.8	8	21.6	0	0
	<u>Currently Does Frequency</u>															
	5	31.3	1	6.7	0	0	4	3.5	1	14.3	4	25.0	4	10.8	3	23.1
	8	50.0	3	20.0	1	14.3	12	10.4	4	57.1	9	56.3	17	45.9	3	23.1
	1	6.3	0	0	1	14.3	0	0	1	14.3	0	0	6	16.2	0	0
	<u>Ideally Should Relevancy</u>															
	2	12.5	11	73.3	5	71.4	99	86.1	1	14.3	3	18.8	10	27.0	7	53.8
	14	87.5	13	86.7	4	57.1	71	61.7	6	85.7	16	100.0	32	86.5	8	61.5
	0	0	0	0	1	14.3	2	1.7	0	0	0	0	1	2.7	0	0
	<u>Ideally Should Frequency</u>															
	0	0	1	6.7	1	14.3	38	33.0	0	0	0	0	1	2.7	1	7.7
	2	12.5	1	6.7	1	14.3	4	3.5	1	14.3	0	0	3	8.1	4	30.8
	<u>Ideally Should Relevancy</u>															
	12	75.0	10	66.7	4	57.1	46	40.0	5	71.4	13	81.3	25	67.6	6	46.2
	2	12.5	3	20.0	0	0	34	20.9	1	14.3	3	18.8	6	16.2	1	7.7
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<u>No Response</u>															
	2	12.5	2	13.3	3	42.9	45	39.1	1	14.3	0	0	6	16.2	6	46.2

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

32. Assess Individuals who have emotional disorders.	Guidance Clinic Personnel		School Princi- pals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Currently Does Relevancy</u> Yes No Don't Know No Response	15	93.8	14	93.3	5	71.4	94	81.7	7	100.0	14	87.5	36	97.3	7	53.8
	0	0	1	6.7	1	14.3	2	1.7	0	0	0	0	0	0	1	7.7
	0	0	0	0	0	0	19	16.5	0	0	2	12.5	1	2.7	4	30.8
	1	6.3	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
<u>Currently Does Proficiency</u> Well Adequate Poorly No Response	1	6.3	1	6.7	1	14.3	8	7.0	1	14.3	2	12.5	10	27.0	4	30.8
	11	68.8	11	73.3	2	28.6	63	54.8	4	57.1	12	75.0	23	62.2	2	15.4
	3	18.8	1	6.7	1	14.3	8	7.0	2	28.6	0	0	2	5.4	0	0
	1	6.3	2	13.3	3	42.9	36	31.3	0	0	2	12.5	2	5.4	7	53.8
<u>Currently Does Frequency</u> Often Sometimes Rarely No Response	5	31.3	5	33.3	1	14.3	26	22.6	0	0	7	43.8	20	54.1	5	38.5
	9	56.3	8	53.3	2	28.6	46	40.0	6	85.7	7	43.8	14	37.8	1	7.7
	0	0	0	0	1	14.3	1	0.9	1	14.3	0	0	0	0	0	0
	2	12.5	2	13.3	3	42.9	42	36.5	0	0	2	12.5	3	8.1	7	53.8
<u>Ideally Should Relevancy</u> Yes No Undecided No Response	14	87.5	13	86.7	5	71.4	98	85.2	6	85.7	16	100.0	32	86.5	5	38.5
	0	0	1	6.7	0	0	1	0.9	0	0	0	0	0	0	2	15.4
	0	0	0	0	1	14.3	14	12.2	0	0	0	0	3	8.1	1	7.7
	2	12.5	1	6.7	1	14.3	2	1.7	1	14.3	0	0	2	5.4	5	38.5
<u>Ideally Should Frequency</u> Often Sometimes Rarely No Response	11	68.8	9	60.0	5	71.4	80	69.6	5	71.4	13	81.3	25	67.6	4	30.8
	3	18.8	3	20.0	0	0	15	13.0	1	14.3	3	18.8	6	16.2	1	7.7
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2	12.5	3	20.0	2	28.6	20	17.4	1	14.3	0	0	6	16.2	8	61.5

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
33. Offer therapy or counseling to those individuals who are unable to get along with (relate to) his or her peers.	<u>Currently Does Relevancy</u>		15	93.8	10	66.7	3	42.9	72	62.6	6	85.7	14	87.5	31	83.8	8	61.5
	Yes																	
	No		0	0	0	0	2	28.6	2	1.7	0	0	1	6.3	0	0	1	7.7
	Don't Know		0	0	5	33.3	1	14.3	41	35.7	1	14.3	1	6.3	6	16.2	3	23.1
	<u>No Response</u>		1	6.3	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>		1	6.3	1	6.7	2	28.6	2	1.7	0	0	2	12.5	5	13.5	4	30.8
	Well																	
	Adequate		11	68.8	6	40.0	0	0	44	38.3	4	57.1	11	68.8	24	64.9	2	15.4
	Poorly		3	18.8	3	20.0	1	14.3	16	13.9	2	28.6	1	6.3	2	5.4	1	7.7
	<u>No Response</u>		1	6.3	5	33.3	4	57.1	53	46.1	1	14.3	2	12.5	6	16.2	6	46.2
	<u>Currently Does Frequency</u>		4	25.0	1	6.7	0	0	9	7.8	1	14.3	6	37.5	15	40.5	3	23.1
	Often																	
	Sometimes		8	50.0	6	40.0	1	14.3	33	28.7	3	42.9	8	50.0	11	29.7	3	23.1
	Rarely		2	12.5	1	6.7	2	28.6	14	12.2	2	28.6	0	0	3	8.1	1	7.7
	<u>No Response</u>		2	12.5	7	46.7	4	57.1	59	51.3	1	14.3	2	12.5	8	21.6	6	46.2
	<u>Ideally Should Relevancy</u>		14	87.5	13	86.7	4	57.1	99	86.1	7	100.0	16	100.0	33	89.2	5	38.5
	Yes																	
	No		0	0	1	6.7	1	14.3	13	11.3	0	0	0	0	0	0	2	15.4
	Undecided		0	0	1	6.7	1	14.3	0	0	0	0	0	0	3	8.1	1	7.7
	<u>No Response</u>		2	12.5	0	0	1	14.3	3	2.6	0	0	0	0	1	2.7	5	38.5
	<u>Ideally Should Frequency</u>		11	68.8	10	66.7	3	42.9	72	62.6	3	42.9	12	75.0	25	67.6	3	23.1
	Often																	
	Sometimes		3	18.8	4	26.7	1	14.3	22	19.1	3	42.9	4	25.0	7	18.9	2	15.4
	Rarely		0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	<u>No Response</u>		2	12.5	1	6.7	3	42.9	20	17.4	1	14.3	0	0	5	13.5	8	61.5

		ALL GROUPS'															
		RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS															
34. Act as a training centre for psychologists.	Currently Does Relevancy	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
	Yes	16	100.0	7	46.7	2	28.6	25	21.7	2	28.6	6	37.5	10	27.0	5	38.5
	No	0	0	0	0	2	28.6	6	5.2	2	28.6	0	0	8	21.6	0	0
	Don't Know	0	0	8	53.3	2	28.6	84	73.0	3	42.9	10	62.5	19	51.4	7	53.8
	No Response	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
	Currently Does Proficiency	1	6.3	1	6.7	0	0	3	2.6	0	0	0	0	1	2.7	2	15.4
	Well	6	37.5	5	33.3	2	28.6	13	11.3	2	28.6	5	31.3	7	18.9	2	15.4
	Adequate	9	56.3	0	0	0	0	2	1.7	0	0	1	6.3	2	5.4	0	0
	Poorly	0	0	9	60.0	5	71.4	97	84.3	5	71.4	10	62.5	27	73.0	9	69.2
	No Response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Currently Does Frequency	10	62.5	4	26.7	0	0	6	5.2	4	14.3	4	25.0	3	8.1	3	23.1
	Often	6	37.5	2	13.3	2	28.6	8	7.0	1	14.3	2	12.5	7	18.9	1	7.7
	Sometimes	0	0	0	0	0	0	2	1.7	0	0	0	0	0	0	0	0
	Rarely	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No Response	0	0	9	60.0	5	71.4	99	86.1	5	71.4	10	62.5	27	73.0	9	69.2
	Ideally Should Relevancy	13	81.3	12	80.0	3	42.9	53	46.1	3	42.9	8	50.0	19	51.4	7	53.8
	Yes	1	6.3	2	13.3	1	14.3	11	9.6	1	14.3	3	18.8	5	13.5	0	0
	No	0	0	1	6.7	2	28.6	49	42.6	3	42.9	5	31.3	11	29.7	2	15.4
	Undecided	2	12.5	0	0	1	14.3	2	1.7	0	0	0	0	2	5.4	4	30.8
	No Response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ideally Should Frequency	9	56.3	9	60.0	2	28.6	34	29.6	0	0	3	18.8	8	21.6	5	38.5
	Often	4	25.0	2	13.3	1	14.3	13	11.3	2	28.6	5	13.3	7	18.9	0	0
	Sometimes	0	0	0	0	0	0	1	0.9	0	0	0	0	2	5.4	0	0
	Rarely	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No Response	3	18.8	4	26.7	4	57.1	67	58.3	5	71.4	8	50.0	20	54.1	8	61.5

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

35. Assess suitability of a particular educational program for a particular individual.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
<u>Currently Does Relevancy</u>	Yes		14	87.5	8	53.3	2	28.6	48	41.7	6	85.7	8	50.0	24	64.9	7	53.8
	No		2	12.5	4	26.7	1	14.3	10	8.7	0	0	1	6.3	2	5.4	1	7.7
	Don't Know		0	0	3	20.0	2	28.6	57	49.6	1	14.3	7	43.8	11	29.7	4	30.8
	No Response		0	0	0	0	2	28.6	0	0	0	0	0	0	0	0	1	7.7
<u>Currently Does Proficiency</u>	Well		1	6.3	0	0	1	14.3	2	1.7	1	14.3	0	0	4	10.8	2	15.4
	Adequate		8	50.0	6	40.0	1	14.3	25	21.7	3	42.9	8	50.0	17	45.9	3	23.1
	Poorly		5	31.3	2	13.3	0	0	16	13.9	1	14.3	0	0	3	8.1	0	0
	No Response		2	12.5	7	46.7	5	71.4	72	62.6	2	28.6	8	50.0	13	35.1	8	61.5
<u>Currently Does Frequency</u>	Often		6	37.5	2	13.3	1	14.3	8	7.0	1	14.3	1	6.3	7	18.9	4	30.8
	Sometimes		7	43.8	5	33.3	1	14.3	24	20.9	4	57.1	7	43.8	14	37.8	1	7.7
	Rarely		1	6.3	1	6.7	0	0	6	5.2	0	0	0	0	3	8.1	0	0
	No Response		2	12.5	7	46.7	5	71.4	77	67.0	2	28.6	8	50.0	13	35.1	8	61.5
<u>Ideally Should Relevancy</u>	Yes		13	81.3	8	53.3	3	42.9	74	64.3	5	71.4	9	56.3	26	70.3	4	30.8
	No		2	12.5	3	20.0	1	14.3	7	6.1	0	0	1	6.3	1	2.7	2	15.4
	Undecided		0	0	3	20.0	1	14.3	32	27.8	1	14.3	6	37.5	8	21.6	3	23.1
	No Response		1	6.3	1	6.7	2	28.6	2	1.7	1	14.3	0	0	2	5.4	4	30.8
<u>Ideally Should Frequency</u>	Often		8	50.0	5	33.3	3	42.9	46	40.0	3	42.9	5	31.3	18	48.6	4	30.8
	Sometimes		5	31.3	3	20.0	0	0	23	20.0	2	28.6	4	25.0	6	16.2	0	0
	Rarely		0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	No Response		3	18.8	7	46.7	4	57.1	45	39.1	2	28.6	7	43.8	13	35.1	9	69.2

ALL GROUPS

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

37. Assess individuals who are suspected of being intellectually retarded.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	16	100.0	15	100.0	5	71.4	94	81.7	7	100.0	14	87.5	36	97.3	8	61.5
	0	0	0	0	1	14.3	0	0	0	0	1	6.3	0	0	0	0
	0	0	0	0	0	0	21	18.3	0	0	1	6.3	1	2.7	4	30.8
	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Currently Does Proficiency	7	43.8	3	20.0	2	28.6	15	13.0	3	42.9	2	12.5	14	37.8	3	23.1
	9	56.3	12	80.0	2	28.6	68	59.1	4	57.1	11	68.8	30	54.1	4	30.8
	0	0	0	0	1	14.3	1	0.9	0	0	1	6.3	1	2.7	0	0
	0	0	0	0	2	28.6	31	27.0	0	0	2	12.5	2	5.4	6	46.2
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Currently Does Frequency	7	43.8	8	53.3	2	28.6	24	20.9	2	28.6	6	37.5	18	48.6	6	46.2
	9	56.3	6	40.0	3	42.9	51	44.3	3	42.9	8	50.0	16	43.2	1	7.7
	0	0	0	0	0	0	0	0	1	14.3	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	1	14.3	2	12.5	3	8.1	6	46.2
	0	0	1	6.7	2	28.6	40	34.8	1	14.3	2	12.5	3	8.1	6	46.2
Ideally Should Relevancy	15	93.8	14	93.3	5	71.4	96	83.5	6	85.7	14	87.5	30	81.1	8	61.5
	0	0	0	0	1	14.3	2	1.7	0	0	2	12.5	0	0	0	0
	0	0	0	0	0	0	14	12.2	0	0	0	0	5	13.5	1	7.7
	1	6.3	1	6.7	1	14.3	3	2.6	1	14.3	0	0	2	5.4	4	30.8
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ideally Should Frequency	10	62.5	10	66.7	4	57.1	76	66.1	3	42.9	11	68.8	24	64.9	5	38.5
	5	31.3	4	26.7	1	14.3	16	13.9	3	42.9	3	18.8	5	13.5	1	7.7
	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	6.3	1	6.7	2	28.6	22	19.1	1	14.3	2	12.5	8	21.6	7	53.8

ALL GROUPS

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
39. Make home visits.	<u>Currently Does Relevancy</u>															
	11	68.8	5	33.3	2	28.6	16	13.9	2	28.6	8	50.0	17	45.9	5	38.5
	5	31.3	2	13.3	3	42.9	13	11.3	2	28.6	1	6.3	10	27.0	2	15.4
	0	0	8	53.3	1	14.3	86	74.8	1	14.3	7	43.8	10	27.0	5	38.5
	<u>Currently Does Proficiency</u>															
	2	12.5	0	0	0	0	0	0	0	0	0	0	5	13.5	1	7.7
	8	50.0	2	13.3	2	28.6	9	7.8	1	14.3	7	43.8	10	27.0	4	30.8
	1	6.3	0	0	0	0	2	1.7	0	0	1	6.3	1	2.7	0	0
	<u>Currently Does Frequency</u>															
	5	31.3	13	86.7	5	71.4	104	90.4	6	85.7	8	50.0	21	56.8	8	61.5
	1	6.3	0	0	0	0	1	0.9	0	0	1	6.3	7	18.9	2	15.4
	3	18.8	2	13.3	1	14.3	6	5.2	1	14.3	6	37.5	7	18.9	2	15.4
	<u>Ideally Should Relevancy</u>															
	7	43.8	1	6.7	1	14.3	5	4.3	1	14.3	1	6.3	2	5.4	0	0
	5	31.3	12	80.0	5	71.4	103	89.6	5	71.4	8	50.0	21	56.8	9	69.2
	14	87.5	10	66.7	4	57.1	76	66.1	2	28.6	13	81.3	27	73.0	5	38.5
	<u>Ideally Should Frequency</u>															
	0	0	2	13.3	1	14.3	2	1.7	1	14.3	0	0	3	8.1	2	15.4
	1	6.3	3	20.0	1	14.3	33	28.7	2	28.6	3	18.8	5	13.5	2	15.4
	1	6.3	0	0	1	14.3	4	3.5	2	28.6	0	0	2	5.4	4	30.8
	<u>Ideally Should Relevancy</u>															
	5	31.3	1	6.7	2	28.6	37	32.2	0	0	6	37.5	13	35.1	4	30.8
	7	43.8	9	60.0	2	28.6	33	28.7	1	14.3	7	43.8	12	32.4	0	0
	2	12.5	0	0	0	0	3	2.6	1	14.3	0	0	0	0	1	7.7
	<u>No Response</u>															
	2	12.5	5	33.3	3	42.9	42	36.5	5	71.4	3	18.8	12	32.4	8	61.5

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

40. Treat individuals who because of maladaptive behavior are unable to function within society.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	15	93.8	6	40.0	2	28.6	42	36.5	6	85.7	10	62.5	30	81.1	6	46.2
		Yes														
	1	6.3	2	13.3	1	14.3	1	0.9	1	14.3	2	12.5	3	8.1	1	7.7
		No														
Don't Know	0	0	7	46.7	3	42.9	72	62.6	0	0	4	25.0	4	10.8	5	38.5
		Yes														
	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
		No														
Currently Does Proficiency	0	0	1	6.7	0	0	2	1.7	0	0	0	0	3	8.1	2	15.4
		Well														
	11	68.8	4	26.7	2	28.6	28	24.3	5	71.4	8	50.0	22	59.5	3	23.1
		Adequate														
Poorly	4	25.0	0	0	0	0	4	3.5	1	14.3	2	12.5	4	10.8	1	7.7
		Yes														
	1	6.3	10	66.7	5	71.4	81	70.4	1	14.3	6	37.5	8	21.6	7	53.8
		No														
Currently Does Frequency	4	25.0	1	6.7	0	0	6	5.2	2	28.6	1	6.3	6	16.2	2	15.4
		Often														
	6	37.5	5	33.3	1	14.3	23	20.0	0	0	8	50.0	16	43.2	3	23.1
		Sometimes														
Rarely	5	31.3	0	0	1	14.3	2	1.7	4	57.1	1	6.3	7	18.9	1	7.7
		Yes														
	1	6.3	9	60.0	5	71.4	84	73.0	1	14.3	6	37.5	8	21.6	7	53.8
		No														
Ideally Should Relevancy	14	87.5	12	80.0	3	42.9	74	64.3	6	85.7	12	75.0	29	78.4	4	30.8
		Yes														
	0	0	1	6.7	1	14.3	3	2.6	1	14.3	3	18.8	3	8.1	2	15.4
		No														
Undecided	0	0	2	13.3	2	28.6	32	27.8	0	0	1	6.3	4	10.8	1	7.7
		Yes														
	2	12.5	0	0	1	14.3	6	5.2	0	0	0	0	1	2.7	6	46.2
		No														
Ideally Should Frequency	11	68.8	3	20.0	2	28.6	49	42.6	3	42.9	5	31.3	15	40.5	3	23.1
		Often														
	2	12.5	10	66.7	1	14.3	19	16.5	3	42.9	7	43.8	11	29.7	1	7.7
		Sometimes														
Rarely	1	6.3	0	0	0	0	0	0	0	0	0	0	1	2.7	0	0
		Yes														
	2	12.5	2	13.3	4	57.1	47	40.9	1	14.3	4	25.0	10	27.0	9	69.2
		No														

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
44. Provide assistance and counselling to the parents when the children are in treatment.	<u>Currently Does Relevancy</u>																	
	Yes		16	100.0	11	73.3	5	71.4	72	62.6	7	100.0	11	68.8	26	70.3	10	76.9
	No		0	0	1	6.7	0	0	1	0.9	0	0	0	0	2	5.4	0	0
	Don't Know		0	0	3	20.0	1	14.3	42	36.5	0	0	5	31.3	9	24.3	2	15.4
	<u>No Response</u>		0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>																	
	Well		2	12.5	1	6.7	2	28.6	8	7.0	1	14.3	1	6.3	4	10.8	4	30.8
	Adequate		8	50.0	9	60.0	1	14.3	51	44.3	1	14.3	7	43.8	19	51.4	5	38.5
	Poorly		6	37.5	1	6.7	2	28.6	7	6.1	4	57.1	3	18.8	2	5.4	0	0
	<u>No Response</u>		0	0	4	26.7	2	28.6	49	42.6	1	14.3	5	31.3	12	32.4	4	30.8
	<u>Currently Does Frequency</u>																	
	Often		5	31.3	5	33.3	2	28.6	15	13.0	1	14.3	4	25.0	9	24.3	5	38.5
	Sometimes		11	68.8	5	33.3	1	14.3	40	34.8	3	42.9	7	43.8	15	40.5	3	23.1
	Rarely		0	0	1	6.7	2	28.6	4	3.5	3	42.9	0	0	1	2.7	0	0
	<u>No Response</u>		0	0	4	26.7	2	28.6	56	48.7	0	0	5	31.3	12	32.4	5	38.5
	<u>Ideally Should Relevancy</u>																	
	Yes		15	93.8	15	100.0	6	85.7	104	90.4	6	85.7	14	87.5	36	97.3	8	61.5
	No		0	0	0	0	0	0	0	0	0	0	1	6.3	0	0	0	0
	Undecided		0	0	0	0	0	0	9	7.8	0	0	1	6.3	0	0	0	0
	<u>No Response</u>		1	6.3	0	0	1	14.3	2	1.7	1	14.3	0	0	1	2.7	5	38.5
	<u>Ideally Should Frequency</u>																	
	Often		13	81.3	8	53.3	6	85.7	83	72.2	5	71.4	12	75.0	28	75.7	7	53.8
	Sometimes		2	12.5	7	46.7	0	0	15	13.0	1	14.3	2	12.5	7	18.9	1	7.7
	Rarely		0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	<u>No Response</u>		1	6.3	0	0	1	14.3	16	13.9	1	14.3	2	12.5	2	5.4	5	38.5

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
45. Give public lectures on its services to such groups as parents, Manitoba Teacher In-Service meetings, medical conventions, and other interested groups.	<u>Currently Does Relevancy</u>																
	Yes	16	100.0	7	46.7	5	71.4	63	54.8	6	85.7	7	43.8	15	40.5	6	46.2
	No	0	0	2	13.3	0	0	7	6.1	0	0	1	6.3	2	5.4	1	7.7
	Don't Know	0	0	6	40.0	1	14.3	44	38.3	1	14.3	8	50.0	20	54.1	5	38.5
	No Response	0	0	0	0	1	14.3	1	0.9	0	0	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>																
	Well	0	0	1	6.7	1	14.3	4	3.5	0	0	0	0	2	5.4	2	15.4
	Adequate	10	62.5	6	40.0	3	42.9	32	27.8	4	57.1	4	25.0	11	29.7	4	30.8
	Poorly	6	37.5	0	0	1	14.3	22	19.1	2	28.6	3	18.8	2	5.4	0	0
	No Response	0	0	8	53.3	2	28.6	57	49.6	1	14.3	9	56.3	22	59.5	7	53.8
	<u>Currently Does Frequency</u>																
	Often	0	0	1	6.7	1	14.3	1	0.9	0	0	1	6.3	1	2.7	1	7.7
	Sometimes	12	75.0	4	26.7	3	42.9	35	30.4	2	28.6	5	31.3	11	29.7	5	38.5
	Rarely	4	25.0	1	6.7	1	14.3	23	20.0	4	57.1	1	6.3	3	8.1	0	0
	No Response	0	0	9	60.0	2	28.6	56	48.7	1	14.3	9	56.3	22	59.5	7	53.8
	<u>Ideally Should Relevancy</u>																
	Yes	15	93.8	14	93.3	6	85.7	102	88.7	6	85.7	16	100.0	30	81.1	7	53.8
	No	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	Undecided	0	0	0	0	0	0	10	8.7	0	0	0	0	5	13.5	1	7.7
	No Response	1	6.3	1	6.7	1	14.3	2	1.7	1	14.3	0	0	2	5.4	5	38.5
	<u>Ideally Should Frequency</u>																
	Often	11	68.8	5	33.3	5	71.4	61	53.0	4	57.1	8	50.0	15	40.5	6	46.2
	Sometimes	4	25.0	9	60.0	1	14.3	37	32.2	2	28.6	7	43.8	13	35.1	0	0
	Rarely	0	0	0	0	0	0	0	0	0	0	1	6.3	0	0	1	7.7
	No Response	1	6.3	1	6.7	1	14.3	17	14.8	1	14.3	0	0	9	24.3	6	46.2

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
46. Operate a centre which provides daycare treatment.	<u>Currently Does Relevancy</u>																	
	Yes		4	25.0	1	6.7	2	28.6	20	17.4	1	14.3	2	12.5	8	21.6	3	23.1
	No		11	68.8	6	40.0	2	28.6	15	13.0	3	42.9	5	31.3	19	51.4	3	23.1
	Don't Know		1	6.3	8	53.3	2	28.6	80	69.6	3	42.9	9	56.3	10	27.0	6	46.2
	No Response		0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>																	
	Well		0	0	1	6.7	1	14.3	1	0.9	0	0	0	0	2	5.4	1	7.7
	Adequate		3	18.8	0	0	1	14.3	11	9.6	1	14.3	1	6.3	5	13.5	2	15.4
	Poorly		1	6.3	0	0	0	0	2	1.7	0	0	1	6.3	0	0	0	0
	No Response		12	75.0	14	93.3	5	71.4	101	87.8	6	85.7	14	87.5	30	81.1	10	76.9
	<u>Currently Does Frequency</u>																	
	Often		1	6.3	1	6.7	1	14.3	4	3.5	0	0	0	0	5	13.5	2	15.4
	Sometimes		1	6.3	0	0	1	14.3	6	5.2	1	14.3	2	12.5	2	5.4	0	0
	Rarely		2	12.5	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	No Response		12	75.0	14	93.3	5	71.4	104	90.4	6	85.7	14	87.5	30	81.1	11	84.6
	<u>Ideally Should Relevancy</u>																	
	Yes		13	81.3	4	26.7	4	57.1	57	49.6	5	71.4	6	37.5	21	56.8	7	53.8
	No		1	6.3	4	26.7	1	14.3	7	6.1	1	14.3	3	18.8	9	24.3	1	7.7
	Undecided		1	6.3	6	40.0	1	14.3	48	41.7	1	14.3	7	43.8	7	18.9	1	7.7
	No Response		1	6.3	1	6.7	1	14.3	3	2.6	0	0	0	0	0	0	4	30.8
	<u>Ideally Should Frequency</u>																	
	Often		9	56.3	4	26.7	2	28.6	30	26.1	3	42.9	6	37.5	14	37.8	6	46.2
	Sometimes		4	25.0	1	6.7	2	28.6	20	17.4	0	0	0	0	7	18.9	0	0
	Rarely		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No Response		3	18.8	10	66.7	3	42.9	65	56.5	4	57.1	10	62.5	16	43.2	7	53.8

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

47. Act as a consultative service to the court (Family, Juvenile, Magistrate, etc.)	Guidance Clinic Personnel		School Princi- pals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	9	56.3	4	26.7	2	28.6	19	16.5	3	42.9	8	50.0	16	43.2	6	46.2
	2	12.5	0	0	1	14.3	3	2.6	1	14.3	2	12.5	2	5.4	0	0
	5	31.3	11	73.3	3	42.9	93	80.9	3	42.9	6	37.5	19	51.4	6	46.2
	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
Currently Does Proficiency																
	1	6.3	0	0	1	14.3	3	2.6	0	0	0	0	2	5.4	5	38.5
	7	43.8	3	20.0	1	14.3	10	8.7	2	28.6	7	43.8	12	32.4	1	7.7
	1	6.3	1	6.7	0	0	0	0	0	0	1	6.3	1	2.7	0	0
Currently Does Frequency	7	43.8	11	73.3	5	71.4	102	88.7	5	71.4	8	50.0	22	59.5	7	53.8
	1	6.3	0	0	1	14.3	3	2.6	0	0	2	12.5	3	8.1	5	38.5
	6	37.5	4	26.7	1	14.3	9	7.8	1	14.3	5	31.3	11	29.7	1	7.7
Ideally Should Relevancy	2	12.5	0	0	0	0	0	0	1	14.3	1	6.3	1	2.7	0	0
	7	43.8	11	73.3	5	71.4	103	89.6	5	71.4	8	50.0	22	59.5	7	53.8
	13	81.3	12	80.0	5	71.4	71	61.7	7	100.0	14	87.5	28	75.7	9	69.2
Ideally Should Frequency	1	6.3	0	0	1	14.3	3	2.6	0	0	1	6.3	0	0	0	0
	2	12.5	2	13.3	0	0	38	33.0	0	0	1	6.3	7	18.9	0	0
	0	0	1	6.7	1	14.3	3	2.6	0	0	0	0	2	5.4	4	30.8
Ideally Should Relevancy	4	25.0	5	33.3	2	28.6	26	22.6	3	42.9	8	50.0	15	40.5	7	53.8
	10	62.5	6	40.0	3	42.9	38	33.0	3	42.9	6	37.5	10	27.0	1	7.7
	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	1	7.7
	2	12.5	4	26.7	2	28.6	50	43.5	1	14.3	2	12.5	12	32.4	4	30.8

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel				School Principals				Special Education Personnel				School Teachers				Public Health Nurses				Social Workers				Welfare Workers				Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%				
49. Assist parents to learn ways of managing a child who has brain dysfunction, that is counsel and advise parents in the handling and discipline of the "brain-damaged child".	<u>Currently Does Relevancy</u>				15	93.8	7	46.7	3	42.9	29	25.2	5	71.4	7	43.8	23	62.2	8	61.5												
	Yes						0	0	0	0	2	1.7	0	0	0	0	0	0	0													
	No						0	0	0	0	0	0	0	0	0	0	0	0														
	Don't Know						0	0	8	53.3	3	42.9	82	71.3	2	28.6	9	56.3	14	37.8	4	30.8										
	No Response						1	6.3	0	0	1	14.3	2	1.7	0	0	0	0	1	7.7												
	<u>Currently Does Proficiency</u>																															
	Well				8	50.0	2	13.3	1	14.3	4	3.5	1	14.3	0	0	0	0	5	38.5												
	Adequate				7	43.8	4	26.7	1	14.3	13	11.3	2	28.6	6	37.5	20	54.1	3	23.1												
	Poorly				0	0	1	6.7	1	14.3	2	1.7	2	28.6	1	6.3	3	8.1	0	0												
	No Response				1	6.3	8	53.3	4	57.1	96	83.5	2	28.6	9	56.3	14	37.8	5	38.5												
	<u>Currently Does Frequency</u>																															
	Often				3	18.8	1	6.7	1	14.3	7	6.1	0	0	1	6.3	5	13.5	4	30.8												
	Sometimes				9	56.3	4	26.7	2	28.6	10	8.7	3	42.9	6	37.5	13	35.1	4	30.8												
	Rarely				3	18.8	2	13.3	0	0	1	0.9	2	28.6	0	0	5	13.5	0	0												
	No Response				1	6.3	8	53.3	4	57.1	97	84.3	2	28.6	9	56.3	14	37.8	5	38.5												
	<u>Ideally Should Relevancy</u>																															
	Yes				15	93.8	15	100.0	6	85.7	87	75.7	6	85.7	13	81.3	33	89.2	8	61.5												
	No				0	0	0	0	0	0	0	0	0	0	2	12.5	0	0	0	0												
	Undecided				0	0	0	0	0	0	4	24.9	0	0	1	6.3	2	5.4	0	0												
	No Response				1	6.3	0	0	1	14.3	4	3.5	1	14.3	0	0	2	5.4	5	38.5												
	<u>Ideally Should Frequency</u>																															
	Often				12	75.0	10	66.7	5	71.4	65	56.5	4	57.1	9	56.3	19	51.4	7	53.8												
	Sometimes				3	18.8	5	33.3	1	14.3	13	11.3	2	28.6	4	25.0	12	32.4	1	7.7												
	Rarely				0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0												
	No Response				1	6.3	0	0	1	14.3	36	31.3	1	14.3	3	18.8	6	16.2	5	38.5												

ALL GROUPS*

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

50. See parents when their child is seen.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Currently Does Relevancy</u> Yes No Don't Know No Response	15	93.8	14	93.3	5	71.4	67	58.3	6	85.7	13	81.3	27	73.0	9	69.2
	0	0	1	6.7	0	0	4	3.5	1	14.3	0	0	1	2.7	0	0
	0	0	0	0	1	14.3	43	37.4	0	0	3	18.6	9	24.3	3	23.1
	1	6.3	0	0	1	14.3	1	0.9	0	0	0	0	0	0	1	7.7
<u>Currently Does Proficiency</u> Well Adequate Poorly No Response	6	37.5	4	26.7	2	28.6	10	8.7	2	28.6	2	12.5	3	8.1	5	38.5
	6	37.5	8	53.3	2	28.6	37	32.2	2	28.6	9	56.3	23	62.2	2	15.4
	3	18.8	1	6.7	1	14.3	8	7.0	2	28.6	2	12.5	1	2.7	1	7.7
	1	6.3	2	13.3	2	28.6	60	52.2	1	14.3	3	18.8	10	27.0	5	38.5
<u>Currently Does Frequency</u> Often Sometimes Rarely No Response	11	68.8	10	66.7	3	42.9	23	20.0	2	28.6	6	37.5	7	18.9	6	46.2
	3	18.8	3	20.0	2	28.6	27	23.5	3	42.9	7	43.8	18	48.6	1	7.7
	1	6.3	1	6.7	0	0	3	2.6	1	14.3	0	0	1	2.7	1	7.7
	1	6.3	1	6.7	2	28.6	62	53.9	1	14.3	3	18.8	11	29.7	5	38.5
<u>Ideally Should Relevancy</u> Yes No Undecided No Response	15	93.8	13	86.7	6	85.7	96	83.5	6	85.7	16	100.0	29	78.4	8	61.5
	0	0	1	6.7	0	0	2	1.7	0	0	0	0	1	2.7	0	0
	0	0	0	0	0	0	13	11.3	0	0	0	0	5	13.5	0	0
	1	6.3	1	6.7	1	14.3	4	3.5	1	14.3	0	0	2	5.4	5	38.5
<u>Ideally Should Frequency</u> Often Sometimes Rarely No Response	14	87.5	11	73.3	5	71.4	79	68.7	5	71.4	13	81.3	22	59.5	8	61.5
	1	6.3	1	6.7	1	14.3	11	9.6	0	0	3	18.8	7	18.9	0	0
	0	0	0	0	0	0	0	0	1	14.3	0	0	0	0	0	0
	1	6.3	3	20.0	1	14.3	25	21.7	1	14.3	0	0	8	21.6	5	38.5

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

52. Assess those individuals who are juveniles and have broken the law.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Currently Does Relevancy</u> Yes No Don't Know No Response	12	75.0	6	40.0	0	0	19	16.5	2	28.6	9	56.3	21	56.8	7	53.8
	3	18.8	2	13.3	1	14.3	6	5.2	2	28.6	1	6.3	3	8.1	0	0
	0	0	7	46.7	5	71.4	89	77.4	3	42.9	6	37.5	13	35.1	5	38.5
	1	6.3	0	0	1	14.3	1	0.9	0	0	0	0	0	0	1	7.7
<u>Currently Does Proficiency</u> Well Adequate Poorly No Response	0	0	1	6.7	0	0	1	0.9	0	0	0	0	1	2.7	3	23.1
	9	56.3	4	26.7	0	0	9	7.8	1	14.3	6	37.5	18	48.6	4	30.8
	3	18.8	0	0	0	0	1	0.9	0	0	3	18.8	2	5.4	0	0
	4	25.0	10	66.7	7	100.0	104	90.4	6	85.7	7	43.8	16	43.2	6	46.2
<u>Currently Does Frequency</u> Often Sometimes Rarely No Response	1	6.3	1	6.7	0	0	1	0.9	0	0	0	0	2	5.4	4	30.8
	6	37.5	3	20.0	0	0	10	8.7	0	0	8	50.0	17	45.9	3	23.1
	5	31.3	1	6.7	0	0	1	0.9	2	28.6	1	6.3	2	5.4	0	0
	4	25.0	10	66.7	7	100.0	103	89.6	5	71.4	7	43.8	16	43.2	6	46.2
<u>Ideally Should Relevancy</u> Yes No Undecided No Response	14	87.5	8	53.3	3	42.9	67	58.3	6	85.7	12	75.0	26	70.3	7	53.8
	1	6.3	2	13.3	1	14.3	8	7.0	0	0	1	6.3	3	8.1	0	0
	0	0	4	26.7	1	14.3	35	30.4	1	14.3	3	18.8	6	16.2	1	7.7
	1	6.3	1	6.7	2	28.6	5	4.3	0	0	0	0	2	5.4	5	38.5
<u>Ideally Should Frequency</u> Often Sometimes Rarely No Response	7	43.8	3	20.0	1	14.3	38	33.0	2	28.6	8	50.0	11	29.7	7	53.8
	7	43.8	5	33.3	2	28.6	22	19.1	4	57.1	4	25.0	14	37.8	0	0
	0	0	1	6.7	0	0	0	0	0	0	0	0	0	0	0	0
	2	12.5	6	40.0	4	57.1	55	47.8	1	14.3	4	25.0	12	32.4	6	46.2

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

53. Send reports to the various referral sources.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Currently Does Relevancy	15	93.8	13	86.7	6	85.7	87	75.7	7	100.0	14	87.5	29	78.4	9	69.2		
		Yes																
		No	0	0	0	0	0	0	0	0	1	6.3	3	8.1	1	7.7		
		Don't Know	0	0	2	13.3	0	0	27	23.5	0	0	1	6.3	5	13.5	2	15.4
		No Response	1	6.3	0	0	1	14.3	1	0.9	0	0	0	0	0	1	7.7	
Currently Does Proficiency																		
	5	31.3	3	20.0	2	28.6	17	14.8	1	14.3	0	0	8	21.6	5	38.5		
	7	43.8	9	60.0	3	42.9	50	43.5	3	42.9	11	68.8	19	51.4	2	15.4		
	3	18.8	1	6.7	1	14.3	8	7.0	3	42.9	3	18.8	2	5.4	1	7.7		
	1	6.3	2	13.3	1	14.3	40	34.8	0	0	2	12.5	8	21.6	5	38.5		
Currently Does Frequency																		
	11	68.8	10	66.7	3	42.9	40	34.8	2	28.6	7	43.8	14	37.8	4	30.8		
	4	25.0	3	20.0	3	42.9	24	20.9	5	71.4	6	37.5	15	40.5	1	7.7		
	0	0	0	0	0	0	1	0.9	0	0	1	6.3	0	0	1	7.7		
	1	6.3	2	13.3	1	14.3	50	43.5	0	0	2	12.5	8	21.6	7	53.8		
Ideally Should Relevancy																		
	15	93.8	13	86.7	6	85.7	95	82.6	6	85.7	16	100.0	34	91.9	8	61.5		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	2	13.3	0	0	16	13.9	0	0	0	0	1	2.7	0	0		
	1	6.3	0	0	1	14.3	4	3.5	1	14.3	0	0	2	5.4	5	38.5		
Ideally Should Frequency																		
	14	87.5	12	80.0	5	71.4	78	67.8	6	85.7	13	81.3	29	78.4	7	53.8		
	1	6.3	1	6.7	1	14.3	12	10.4	0	0	3	18.8	4	10.8	1	7.7		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	1	6.3	2	13.3	1	14.3	25	21.7	1	14.3	0	0	4	10.8	5	38.5		

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
54. Assist in the planning of new facilities for treatment.	<u>Currently Does Relevancy</u>																	
		Yes	10	62.5	3	20.0	1	14.3	14	12.2	3	42.9	1	6.3	11	29.7	6	46.2
		No	5	31.3	0	0	2	28.6	2	1.7	0	0	2	12.5	6	16.2	0	0
		Don't Know	0	0	12	80.0	3	42.9	97	84.3	4	57.1	13	81.3	20	54.1	6	46.2
		No Response	1	6.3	0	0	1	14.3	2	1.7	0	0	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>																	
		Well	1	6.3	1	6.7	1	14.3	1	0.9	0	0	0	0	1	2.7	2	15.4
		Adequate	6	37.5	2	13.3	0	0	6	5.2	0	0	0	0	10	27.0	1	7.7
		Poorly	3	18.8	0	0	0	0	1	0.9	1	14.3	1	6.3	0	0	2	15.4
		No Response	6	37.5	12	80.0	6	85.7	107	93.0	6	85.7	15	93.8	26	70.3	8	61.5
	<u>Currently Does Frequency</u>																	
		Often	0	0	2	13.3	1	14.3	1	0.9	0	0	0	0	3	8.1	2	15.4
		Sometimes	4	25.0	1	6.7	0	0	5	4.3	1	14.3	0	0	5	13.5	1	7.7
		Rarely	6	37.5	0	0	0	0	2	1.7	0	0	1	6.3	3	8.1	2	15.4
		No Response	6	37.5	12	80.0	6	85.7	107	93.0	6	85.7	15	93.8	26	70.3	8	61.5
	<u>Ideally Should Relevancy</u>																	
		Yes	15	93.8	11	73.3	6	85.7	81	70.4	5	71.4	14	87.5	34	91.9	7	53.8
		No	0	0	1	6.7	0	0	0	0	0	0	0	0	0	0	1	7.7
		Undecided	0	0	1	6.7	0	0	29	25.2	1	14.3	0	0	1	2.7	0	0
		No Response	1	6.3	2	13.3	1	14.3	5	4.3	1	14.3	2	12.5	2	5.4	5	38.5
	<u>Ideally Should Frequency</u>																	
		Often	8	50.0	8	53.3	4	57.1	47	40.9	3	42.9	10	62.5	20	54.1	5	38.5
		Sometimes	6	37.5	3	20.0	2	28.6	21	18.3	0	0	4	25.0	11	29.7	1	7.7
		Rarely	1	6.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		No Response	1	6.3	4	26.7	1	14.3	47	40.9	4	57.1	2	12.5	6	16.2	7	53.8

ALL GROUPS*

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
55. Prescribe drugs as part of the treatment program (that is the medical staff only).	<u>Currently Does Relevancy</u>															
	15	93.8	13	86.7	6	85.7	67	58.3	7	100.0	13	81.3	30	81.1	9	69.2
	0	0	0	0	0	0	3	2.6	0	0	0	0	1	2.7	0	0
	0	0	2	13.3	0	0	44	38.3	0	0	3	18.8	6	16.2	3	23.1
	1	6.3	0	0	1	14.3	1	0.9	0	0	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>															
	4	25.0	3	20.0	1	14.3	9	7.8	1	14.3	0	0	4	10.8	5	38.5
	6	37.5	10	66.7	3	42.9	40	34.8	5	71.4	10	62.5	21	56.8	2	15.4
	5	31.3	0	0	2	28.6	8	7.0	1	14.3	3	18.8	4	10.8	2	15.4
	1	6.3	2	13.3	1	14.3	58	50.4	0	0	3	18.8	8	21.6	4	30.8
	<u>Currently Does Frequency</u>															
	15	93.8	5	33.3	2	28.6	20	17.4	2	28.6	12	75.0	16	43.2	6	46.2
	0	0	8	53.3	4	57.1	34	29.6	4	57.1	1	6.3	14	37.8	2	15.4
	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	1	7.7
	1	6.3	2	13.3	1	14.3	60	52.2	1	14.3	3	18.8	7	18.9	4	30.8
	<u>Ideally Should Relevancy</u>															
	15	93.8	13	86.7	5	71.4	59	51.3	6	85.7	15	93.8	29	78.4	7	53.8
	0	0	0	0	1	14.3	4	3.5	0	0	0	0	1	2.7	1	7.7
	0	0	1	6.7	0	0	47	40.9	0	0	1	6.3	6	16.2	0	0
	1	6.3	1	6.7	1	14.3	5	4.3	1	14.3	0	0	1	2.7	5	38.5
	<u>Ideally Should Frequency</u>															
	5	31.3	6	40.0	2	28.6	18	15.7	4	57.1	8	50.0	10	27.0	6	46.2
	8	50.0	7	46.7	3	42.9	29	25.2	2	28.6	7	43.8	16	43.2	1	7.7
	2	12.5	0	0	0	0	7	6.1	0	0	0	0	1	2.7	0	0
	1	6.3	2	13.3	2	28.6	61	53.0	1	14.3	1	6.3	10	27.0	6	46.2

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

56. Advertis- on radio and T.V. programs as part of a preventive mental health program.	Guidance Clinic Personnel		School Princi- pals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Done Relevance	1	6.3	0	0	2	28.6	13	11.3	0	0	1	6.3	5	13.5	2	15.4
	15	93.8	8	53.3	2	28.6	42	36.5	7	100.0	9	56.3	18	48.6	5	38.5
	0	0	7	46.7	2	28.6	59	51.3	0	0	6	37.5	14	37.8	5	38.5
	0	0	0	0	1	14.3	1	0.9	0	0	0	0	0	0	1	7.7
Currently Done Proficiency	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	7	6.1	0	0	0	0	1	2.7	1	7.7
	1	6.3	0	0	1	14.3	5	4.3	0	0	1	6.3	3	8.1	1	7.7
	15	93.8	15	100.0	5	71.4	103	89.6	7	100.0	15	93.8	33	86.5	11	84.6
Currently Done Frequency	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	3	2.6	0	0	0	0	2	5.4	1	7.7
	1	6.3	0	0	1	14.3	9	7.8	0	0	1	6.3	3	8.1	1	7.7
	15	93.8	15	100.0	5	71.4	103	89.6	7	100.0	15	93.8	32	86.5	11	84.6
Ideally Should Relevance	11	68.8	12	80.0	5	71.4	70	60.9	6	85.7	13	81.3	26	70.3	5	38.5
	2	12.5	2	13.3	0	0	7	6.1	0	0	0	0	1	2.7	3	23.1
	2	12.5	1	6.7	0	0	34	29.6	1	14.3	3	18.8	9	24.3	2	15.4
	1	6.3	0	0	2	28.6	4	3.5	0	0	0	0	1	2.7	3	23.1
Ideally Should Frequency	3	18.8	2	13.3	4	57.1	35	30.4	1	14.3	6	37.5	13	35.1	3	23.1
	6	37.5	10	66.7	1	14.3	27	23.5	4	57.1	7	43.8	12	32.4	2	15.4
	2	12.5	0	0	0	0	2	1.7	0	0	0	0	0	0	0	0
	5	31.3	3	20.0	2	28.6	51	44.3	2	28.6	3	18.8	12	32.4	8	61.5

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

57. Send reports to schools.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Currently Does Relevancy</u> Yes No Don't Know No Response	16	100.0	15	100.0	6	85.7	111	96.5	7	100.0	11	68.8	24	64.9	8	61.5
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	4	3.5	0	0	5	31.3	13	35.1	4	30.8
	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
<u>Currently Does Proficiency</u> Well Adequate Poorly No Response	7	43.8	6	40.0	2	28.6	22	19.1	2	28.6	1	6.3	6	16.2	5	38.5
	6	37.5	6	40.0	3	42.9	69	60.0	3	42.9	10	62.5	16	43.2	2	15.4
	3	18.8	3	20.0	1	14.3	15	13.0	2	28.6	0	0	2	5.4	0	0
	0	0	0	0	1	14.3	9	7.8	0	0	5	31.3	13	35.1	6	46.2
<u>Currently Does Frequency</u> Often Sometimes Rarely No Response	14	87.5	12	80.0	4	57.1	52	45.2	3	42.9	10	62.5	11	29.7	7	53.8
	2	12.5	3	20.0	2	28.6	41	35.7	4	57.1	0	0	13	35.1	0	0
	0	0	0	0	0	0	2	1.7	0	0	1	6.3	0	0	0	0
	0	0	0	0	1	14.3	20	17.4	0	0	5	31.3	13	35.1	6	46.2
<u>Ideally Should Relevancy</u> Yes No Undecided No Response	15	93.8	14	93.3	6	85.7	105	91.3	5	71.4	13	81.3	32	86.5	9	69.2
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	8	7.0	0	0	3	18.8	3	8.1	0	0
	1	6.3	1	6.7	1	14.3	2	1.7	2	28.6	0	0	2	5.4	4	30.8
<u>Ideally Should Frequency</u> Often Sometimes Rarely No Response	14	87.5	13	86.7	6	85.7	93	80.9	5	71.4	11	68.8	21	56.8	7	53.8
	1	6.3	1	6.7	0	0	8	7.0	0	0	2	12.5	10	27.0	2	15.4
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	6.3	1	6.7	1	14.3	14	12.2	2	28.6	3	18.8	6	16.2	4	30.8

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

		Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
59. Decrease educational diagnostic services, that is, function only as another check or consultant for educational problems.	Currently Does Relevancy	8	50.0	5	33.3	2	28.6	13	11.3	2	28.6	1	6.3	3	8.1	1	7.7
	Yes																
	No	5	31.3	7	46.7	1	14.3	22	19.1	2	28.6	3	18.8	10	27.0	6	46.2
	Don't Know	1	6.3	2	13.3	3	42.3	78	67.8	3	42.9	12	75.0	24	64.9	5	38.5
	No Response	2	12.5	1	6.7	1	14.3	2	1.7	0	0	0	0	0	0	1	7.7
	Currently Does Proficiency	0	0	1	6.7	0	0	1	0.9	0	0	0	0	1	2.7	0	0
	Well																
	Adequate	4	25.0	4	26.7	1	14.3	7	6.1	1	14.3	1	6.3	1	2.7	1	7.7
	Poorly	3	18.8	0	0	0	0	2	1.7	1	14.3	0	0	1	2.7	0	0
	No Response	9	56.3	10	66.7	6	85.7	105	91.3	5	71.4	15	93.8	34	91.9	12	92.3
	Currently Does Frequency																
	Often	2	12.5	2	13.3	0	0	3	2.6	0	0	1	6.3	1	2.7	0	0
	Sometimes	4	25.0	3	20.0	1	14.3	5	4.3	1	14.3	0	0	1	2.7	1	7.7
	Rarely	2	12.0	0	0	0	0	2	1.7	1	14.3	0	0	0	0	0	0
	No Response	8	50.0	10	66.7	6	85.7	105	91.3	5	71.4	15	93.8	35	94.6	12	92.3
	Ideally Should Relevancy																
	Yes	9	56.3	3	20.0	1	14.3	10	8.7	2	28.6	3	18.8	6	16.2	2	15.4
	No	3	18.8	8	53.3	3	42.9	44	38.3	4	57.1	6	37.5	12	32.4	5	38.5
	Undecided	1	6.3	1	6.7	2	28.6	56	48.7	1	14.3	7	43.8	17	45.9	3	23.1
	No Response	3	18.8	3	20.0	1	14.3	5	4.3	0	0	0	0	2	5.4	3	23.1
	Ideally Should Frequency																
	Often	7	43.8	2	13.3	0	0	7	6.1	0	0	1	6.3	2	5.4	1	7.7
	Sometimes	2	12.5	1	6.7	1	14.3	3	2.6	2	28.6	2	12.5	2	5.4	0	0
	Rarely	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No Response	7	43.8	12	80.0	6	85.7	105	91.3	5	71.4	13	81.3	33	89.2	12	92.3

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

61. Assess individuals who because of maladaptive behavior are unable to function within society.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Currently Does Relevancy	Yes No Don't Know No Response	15	93.8	11	73.3	3	42.9	58	50.4	6	85.7	13	81.3	28	75.7	7	53.8
		1	6.3	0	0	0	0	1	0.9	1	14.3	0	0	1	2.7	1	7.7
		0	0	4	26.7	3	42.9	56	48.7	0	0	3	18.8	8	21.6	4	30.8
		0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
Currently Does Proficiency	Well Adequate Poorly No Response	0	0	0	0	1	14.3	4	3.5	0	0	0	0	4	10.8	2	15.4
		10	62.5	10	66.7	1	14.3	35	30.4	4	57.1	12	75.0	22	59.5	3	23.1
		5	31.3	0	0	1	14.3	7	6.1	2	28.6	1	6.3	0	0	0	0
		1	6.3	5	33.3	4	57.1	69	60.0	1	14.3	3	18.8	11	29.7	8	61.5
Currently Does Frequency	Often Sometimes Rarely No Response	5	31.3	0	0	1	14.3	10	8.7	0	0	1	6.3	5	13.5	3	23.1
		7	43.8	9	60.0	2	28.6	33	28.7	3	42.9	11	68.8	18	48.6	2	15.4
		3	18.8	1	6.7	0	0	2	1.7	3	42.9	1	6.3	2	5.4	8	61.5
		1	6.3	5	33.3	4	57.1	70	60.9	1	14.3	3	18.8	12	32.4	0	0
Ideally Should Relevancy	Yes No Undecided No Response	14	87.5	12	80.0	5	71.4	88	76.5	7	100.0	16	100.0	28	75.7	5	38.5
		0	0	0	0	0	0	1	0.9	0	0	0	0	1	2.7	2	15.4
		0	0	2	13.3	1	14.3	21	18.3	0	0	0	0	6	16.2	1	7.7
		2	12.5	1	6.7	1	14.3	5	4.3	0	0	0	0	2	5.4	5	38.5
Ideally Should Frequency	Often Sometimes Rarely No Response	7	43.8	6	40.0	3	42.9	67	58.3	3	42.9	11	68.8	18	48.6	4	30.8
		7	43.8	7	46.7	1	14.3	14	12.2	3	42.9	5	31.3	9	24.3	1	7.7
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		2	12.5	2	13.3	3	42.9	34	29.6	1	14.3	0	0	10	27.0	8	61.5

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

62. Participate in a preventive mental health program.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	13	81.3	4	26.7	4	57.1	28	24.3	4	57.1	8	50.0	21	56.8	5	38.5
	2	12.5	0	0	0	0	5	4.3	1	14.3	0	0	3	8.1	1	7.7
	1	6.3	11	73.3	2	28.6	82	71.3	2	28.6	8	50.0	13	35.1	6	46.2
	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
Currently Does Proficiency	0	0	1	6.7	1	14.3	0	0	0	0	0	0	2	5.4	2	15.4
	7	43.8	2	13.3	3	42.9	18	15.7	2	28.6	3	18.8	14	37.8	2	15.4
	6	37.5	1	6.7	0	0	3	2.6	1	14.3	5	31.3	5	13.5	0	0
	3	18.8	11	73.3	3	42.9	94	81.7	4	57.1	8	50.0	16	43.2	9	69.2
Currently Does Frequency	4	25.0	1	6.7	1	14.3	2	1.7	0	0	0	0	4	10.8	3	23.1
	7	43.8	2	13.3	2	28.6	13	11.3	3	42.9	5	31.3	11	29.7	1	7.7
	2	12.5	1	6.7	1	14.3	4	3.5	1	14.3	3	18.8	6	16.2	0	0
	3	18.8	11	73.3	3	42.9	96	83.5	3	42.9	8	50.0	16	43.2	9	69.2
Ideally Should Relevancy	15	93.8	11	73.3	6	85.7	92	80.0	6	85.7	16	100.0	32	86.5	7	53.8
	0	0	0	0	0	0	1	0.9	0	0	0	0	1	2.7	0	0
	0	0	2	13.3	0	0	18	15.7	0	0	0	0	2	5.4	1	7.7
	1	6.3	2	13.3	1	14.3	4	3.5	1	14.3	0	0	2	5.4	5	38.5
Ideally Should Frequency	10	62.5	8	53.3	3	42.9	64	55.7	6	85.7	12	75.0	27	73.0	6	46.2
	5	31.3	3	20.0	3	42.9	19	16.5	0	0	4	25.0	4	10.8	1	7.7
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	6.3	4	26.7	1	14.3	32	27.8	1	14.3	0	0	6	16.2	6	46.2

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

63. Perform research on various dimensions related to children's problems.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
<u>Currently Does Relevancy</u>	Yes	5	31.3	3	20.0	3	42.9	18	15.7	2	28.6	0	0	5	13.5	3	23.1
	No	10	62.5	0	0	1	14.3	1	0.9	0	0	2	12.5	5	13.5	3	23.1
	Don't Know	0	0	12	80.0	2	28.6	96	83.5	4	57.1	14	87.5	27	73.0	6	46.2
	No Response	1	6.3	0	0	1	14.3	0	0	1	14.3	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>																
Well		0	0	0	0	1	14.3	3	2.6	0	0	0	0	0	0	2	15.4
	Adequate	2	12.5	2	13.3	1	14.3	8	7.0	0	0	0	0	4	10.8	0	0
	Poorly	3	18.8	0	0	1	14.3	1	0.9	1	14.3	0	0	0	0	1	7.7
	No Response	11	68.8	13	86.7	4	57.1	103	89.6	6	85.7	16	100.0	33	89.2	10	76.9
	<u>Currently Does Frequency</u>																
Often		0	0	1	6.7	1	14.3	3	2.6	0	0	0	0	1	2.7	2	15.4
	Sometimes	0	0	2	13.3	1	14.3	7	6.1	0	0	0	0	3	8.1	0	0
	Rarely	5	31.3	0	0	1	14.3	1	0.9	1	14.3	0	0	1	2.7	1	7.7
	No Response	11	68.8	12	80.0	4	57.1	104	90.4	6	85.7	16	100.0	32	86.5	10	76.9
	<u>Ideally Should Relevancy</u>																
Yes		14	87.5	11	73.3	6	85.7	88	76.5	6	85.7	12	75.0	28	75.7	9	69.2
	No	1	6.3	0	0	0	0	0	0	0	0	2	12.5	0	0	0	0
	Undecided	0	0	3	20.0	0	0	23	20.0	1	14.3	2	12.5	7	18.9	1	7.7
	No Response	1	6.3	1	6.7	1	14.3	4	3.5	0	0	0	0	2	5.4	3	23.1
	<u>Ideally Should Frequency</u>																
Often		7	43.8	8	53.3	2	28.6	57	49.6	2	28.6	8	50.0	15	40.5	7	53.8
	Sometimes	7	43.8	3	20.0	3	42.9	21	18.3	3	42.9	4	25.0	9	24.3	2	15.4
	Rarely	0	0	0	0	1	14.3	0	0	1	14.3	0	0	1	2.7	0	0
	No Response	2	12.5	4	26.7	1	14.3	37	32.2	1	14.3	4	25.0	12	32.4	4	30.8

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

64. Assess factors related to poor school progress.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Currently Does Relevancy</u>																
	Yes															
	16	100.0	14	93.3	6	85.7	88	76.5	6	85.7	13	81.3	31	83.8	10	76.9
	0	0	0	0	0	0	6	5.2	1	14.3	0	0	0	0	0	0
<u>Don't Know</u>																
	No															
	0	0	1	6.7	0	0	21	18.3	0	0	3	18.8	6	16.2	2	15.4
	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
<u>Currently Does Proficiency</u>																
	Well															
	2	12.5	2	13.3	1	14.3	8	7.0	0	0	0	0	4	10.8	5	38.5
	10	62.5	12	80.0	4	57.1	59	51.3	3	42.9	11	68.8	24	64.9	4	30.8
<u>Adequate</u>																
	Poorly															
	4	25.0	0	0	1	14.3	15	13.0	2	28.6	2	12.5	1	2.7	0	0
	0	0	1	6.7	1	14.3	33	28.7	2	28.6	3	18.8	8	21.6	4	30.8
<u>Currently Does Frequency</u>																
	Often															
	12	75.0	6	40.0	2	28.6	22	19.1	3	42.9	5	31.3	12	32.4	6	46.2
	4	25.0	7	46.7	4	57.1	47	40.9	1	14.3	7	43.8	15	40.5	2	15.4
<u>Rarely</u>																
	No Response															
	0	0	1	6.7	0	0	3	2.6	1	14.3	1	6.3	1	2.7	1	7.7
	0	0	1	6.7	1	14.3	43	37.4	2	28.6	3	18.8	9	24.3	4	30.8
<u>Ideally Should Relevancy</u>																
	Yes															
	15	93.8	14	93.3	6	85.7	101	87.8	6	85.7	15	93.8	32	86.5	7	53.8
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Undecided</u>																
	No Response															
	0	0	0	0	0	0	13	11.3	0	0	1	6.3	3	8.1	0	0
	1	6.3	1	6.7	1	14.3	1	0.9	1	14.3	0	0	2	5.4	6	46.2
<u>Ideally Should Frequency</u>																
	Often															
	14	87.5	12	80.0	5	71.4	78	67.8	3	42.9	10	62.5	24	64.9	6	46.2
	1	6.3	2	13.3	1	14.3	18	15.7	3	42.9	5	31.3	7	18.9	1	7.7
<u>Sometimes</u>																
	Rarely															
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	6.3	1	6.7	1	14.3	19	16.5	1	14.3	1	6.3	6	16.2	6	46.2

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
67. Offer assessment and treatment of speech and language disorders.	<u>Currently Does Relevancy</u>															
	16	100.0	12	80.0	3	42.9	66	57.4	7	100.0	9	56.3	32	86.5	7	53.8
	0	0	2	13.3	3	42.9	5	4.3	0	0	0	0	0	0	1	7.7
	0	0	1	6.7	0	0	43	37.4	0	0	7	43.8	5	13.5	4	30.8
	0	0	0	0	1	14.3	1	0.9	0	0	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>															
	1	6.3	1	6.7	0	0	5	4.3	3	42.9	0	0	3	8.1	2	15.4
	10	62.5	6	40.0	2	28.6	43	37.4	3	42.9	8	50.0	27	73.0	3	23.1
	5	31.3	5	33.3	1	14.3	10	8.7	1	14.3	1	6.3	1	2.7	1	7.7
	0	0	3	20.0	4	57.1	57	49.6	0	0	7	43.8	6	16.2	7	53.8
	<u>Currently Does Frequency</u>															
	5	31.3	1	6.7	0	0	9	7.8	2	28.6	1	6.3	9	24.3	4	30.8
	7	43.8	8	53.3	2	28.6	37	32.2	3	42.9	7	43.8	21	56.8	2	15.4
	4	25.0	3	20.0	1	14.3	9	7.8	2	28.6	1	6.3	1	2.7	0	0
	0	0	3	20.0	4	57.1	60	52.2	0	0	7	43.8	6	16.2	7	53.8
	<u>Ideally Should Relevancy</u>															
	15	93.8	13	86.7	5	71.4	91	79.1	6	85.7	12	75.0	33	89.2	6	46.2
	0	0	1	6.7	1	14.3	2	1.7	0	0	2	12.5	0	0	1	7.7
	0	0	0	0	0	0	20	17.4	0	0	2	12.5	3	8.1	0	0
	1	6.3	1	6.7	1	14.3	2	1.7	1	14.3	0	0	1	2.7	6	46.2
	<u>Ideally Should Frequency</u>															
	15	93.8	11	73.3	4	57.1	66	57.4	5	71.4	9	56.3	23	62.2	6	46.2
	0	0	2	13.3	1	14.3	19	16.5	1	14.3	3	18.8	7	18.9	0	0
	0	0	0	0	0	0	1	0.9	0	0	0	0	1	2.7	0	0
	1	6.3	2	13.3	2	28.6	29	25.2	1	14.3	4	25.0	6	16.2	7	53.8

ALL GROUPS'
RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

69. Assess interests as related to vocational choice.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Currently Does Relevancy</u> Yes No Don't Know No Response	15	93.8	2	13.3	0	0	12	10.4	2	28.6	6	37.5	11	29.7	5	38.5
	1	6.3	1	6.7	2	28.6	6	5.2	2	28.6	3	18.8	4	10.8	1	7.7
	0	0	12	80.0	4	57.1	97	84.3	3	42.9	7	43.8	22	59.5	6	46.2
	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
<u>Currently Does Proficiency</u> Well Adequate Poorly No Response	1	6.3	0	0	0	0	0	0	0	0	0	0	1	2.7	2	15.4
	11	68.8	2	13.3	0	0	6	5.2	2	28.6	4	25.0	10	27.0	3	23.1
	3	18.8	0	0	0	0	3	2.6	0	0	2	12.5	0	0	0	0
	1	6.3	13	86.7	7	100.0	106	92.2	5	71.4	10	62.5	26	70.3	8	61.5
<u>Currently Does Frequency</u> Often Sometimes Rarely No Response	1	6.3	0	0	0	0	0	0	0	0	3	18.8	0	0	4	30.8
	6	37.5	2	13.3	0	0	7	6.1	1	14.3	2	12.5	9	24.3	1	7.7
	8	50.0	0	0	0	0	2	1.7	1	14.3	1	6.3	2	5.4	0	0
	1	6.3	13	86.7	7	100.0	106	92.2	5	71.4	10	62.5	26	70.3	8	61.5
<u>Ideally Should Relevancy</u> Yes No Undecided No Response	15	93.8	6	40.0	3	42.9	52	45.2	4	57.1	8	50.0	19	51.4	5	38.5
	0	0	4	26.7	3	42.9	9	7.8	2	28.6	5	31.3	3	8.1	1	7.7
	0	0	3	20.0	0	0	50	43.5	1	14.3	3	18.8	13	35.1	1	7.7
	1	6.3	2	13.3	1	14.3	4	3.5	0	0	0	0	2	5.4	6	46.2
<u>Ideally Should Frequency</u> Often Sometimes Rarely No Response	4	25.0	4	26.7	1	14.3	22	19.1	1	14.3	4	25.0	9	24.3	4	30.8
	7	43.8	2	13.3	2	28.6	24	20.9	3	42.9	4	25.0	9	24.3	1	7.7
	4	25.0	0	0	0	0	1	0.9	0	0	0	0	0	0	0	0
	1	6.3	9	60.0	4	57.1	68	59.1	3	42.9	8	50.0	19	51.4	8	61.5

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
71. Provide family life education programs, family counseling or therapy.	<u>Currently Does Relevancy</u>															
	13	81.3	1	6.7	2	28.6	17	14.8	1	14.3	6	37.5	12	32.4	3	23.1
	3	18.8	1	6.7	0	0	2	1.7	5	71.4	5	31.3	6	16.2	2	15.4
	0	0	13	86.7	4	57.1	96	83.5	1	14.3	5	31.3	19	51.4	7	53.8
	0	0	0	0	1	14.3	0	0	0	0	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>															
	2	12.5	0	0	0	0	0	0	0	0	0	0	1	2.7	2	15.4
	8	50.0	1	6.7	0	0	11	9.6	1	14.3	5	31.3	11	29.7	1	7.7
	2	12.5	0	0	0	0	1	0.9	0	0	2	12.5	0	0	0	0
	4	25.0	14	93.3	7	100.0	103	89.6	6	85.7	9	56.3	25	67.6	10	76.9
	<u>Currently Does Frequency</u>															
	1	6.3	0	0	0	0	2	1.7	0	0	0	0	3	8.1	3	23.1
	7	43.8	1	6.7	0	0	9	7.8	0	0	6	37.5	7	18.9	0	0
	4	25.0	0	0	0	0	1	0.9	1	14.3	1	6.3	2	5.4	0	0
	4	25.0	14	93.3	7	100.0	103	89.6	6	85.7	9	56.3	25	67.6	10	76.9
	<u>Ideally Should Relevancy</u>															
	15	93.8	8	53.3	3	42.9	83	72.2	2	28.6	12	75.0	31	83.8	8	61.5
	0	0	2	13.3	2	28.6	0	0	3	42.9	1	6.3	0	0	0	0
	0	0	3	20.0	1	14.3	28	24.3	2	28.6	3	18.8	4	10.8	1	7.7
	1	6.3	2	13.3	1	14.3	4	3.5	0	0	0	0	2	5.4	4	30.8
	<u>Ideally Should Frequency</u>															
	10	62.5	2	13.3	1	14.3	42	36.5	0	0	6	37.5	19	51.4	6	46.2
	3	18.8	6	40.0	2	28.6	33	28.7	2	28.6	6	37.5	11	29.7	2	15.4
	3	18.8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	7	46.7	4	57.1	40	34.8	5	71.4	4	25.0	7	18.9	5	38.5

ALL GROUPS

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

72. Offer forensic services - assessment of criminally insane.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	10	62.5	2	13.3	0	0	7	6.1	2	28.6	2	12.5	2	5.4	1	7.7
	3	18.8	0	0	1	14.3	4	3.5	1	14.3	4	25.0	12	32.4	4	30.8
	3	18.8	13	86.7	5	71.4	103	89.6	4	57.1	10	62.5	23	62.2	7	53.8
	0	0	0	0	1	14.3	1	0.9	0	0	0	0	0	0	1	7.7
Currently Does Proficiency Well Adequate Poorly No Response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	7.7
	7	43.8	2	13.3	0	0	1	0.9	1	14.3	1	6.3	2	5.4	0	0
	3	18.8	0	0	0	0	1	0.9	0	0	1	6.3	0	0	0	0
	6	37.5	13	86.7	7	100.0	113	98.3	6	85.7	14	87.5	35	94.6	12	92.3
Currently Does Frequency Often Sometimes Rarely No Response	0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	1	7.7
	4	25.0	0	0	0	0	2	1.7	1	14.3	0	0	2	5.4	0	0
	6	37.5	2	13.3	0	0	0	0	0	0	2	12.5	0	0	0	0
	6	37.5	13	86.7	7	100.0	112	97.4	6	85.7	14	87.5	35	94.6	12	92.3
Ideally Should Relevancy Yes No Undecided No Response	10	62.5	4	26.7	1	14.3	33	28.7	1	14.3	8	50.0	14	37.8	3	23.1
	3	18.8	1	6.7	1	14.3	12	10.4	2	28.6	4	25.0	10	27.0	5	38.5
	2	12.5	9	60.0	4	57.1	66	57.4	3	42.9	4	25.0	11	29.7	1	7.7
	1	6.3	1	6.7	1	14.3	4	3.5	1	14.3	0	0	2	5.4	4	30.8
Ideally Should Frequency Often Sometimes Rarely No Response	2	12.5	0	0	0	0	13	11.3	1	14.3	4	25.0	4	10.8	2	15.4
	7	43.8	3	20.0	1	14.3	17	14.8	0	0	3	18.8	9	24.3	1	7.7
	1	6.3	1	6.7	0	0	0	0	0	0	1	6.3	0	0	0	0
	6	37.5	11	73.3	6	85.7	85	73.9	6	85.7	8	50.0	24	64.9	10	76.9

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

74. Offer diagnosis and treatment of emotionally disturbed children.	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently Does Relevancy	15	93.8	13	86.7	4	57.1	87	75.7	7	100.0	15	93.8	31	83.8	9	69.2
	1	6.3	1	6.7	1	14.3	2	1.7	0	0	1	6.3	1	2.7	0	0
	0	0	1	6.7	1	14.3	24	20.9	0	0	0	0	5	13.5	3	32.1
	0	0	0	0	1	14.3	2	1.7	0	0	0	0	0	0	1	7.7
Currently Does Proficiency	1	6.3	2	13.3	1	14.3	5	4.3	2	28.6	1	6.3	6	16.3	5	38.5
	7	43.8	10	66.7	2	28.6	58	50.4	2	28.6	13	81.3	22	59.5	3	23.1
	7	43.8	1	6.7	0	0	11	9.6	3	42.9	1	6.3	2	5.4	0	0
	1	6.3	2	13.3	4	57.1	41	35.7	0	0	1	6.3	7	18.9	5	38.5
Currently Does Frequency	7	43.8	2	13.3	1	14.3	15	13.0	0	0	5	31.3	13	35.1	5	38.5
	6	37.5	9	60.0	2	28.6	49	42.6	4	57.1	10	62.5	16	43.2	3	23.1
	1	6.3	2	13.3	0	0	4	3.5	3	42.9	0	0	1	2.7	0	0
	2	12.5	2	13.3	4	57.1	47	40.9	0	0	1	6.3	7	18.9	5	38.5
Ideally Should Relevancy	15	93.8	13	86.7	6	85.7	97	84.3	6	85.7	16	100.0	31	83.8	7	53.8
	0	0	0	0	0	0	0	0	0	0	0	0	1	2.7	0	0
	0	0	2	13.3	0	0	12	10.4	0	0	0	0	4	10.8	1	7.7
	1	6.3	0	0	1	14.3	6	5.2	1	14.3	0	0	1	2.7	5	38.5
Ideally Should Frequency	10	62.5	9	60.0	5	71.4	80	69.6	6	85.7	12	75.0	23	62.2	7	53.8
	5	31.3	4	26.7	1	14.3	14	12.2	0	0	4	25.0	6	16.2	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	6.3	2	13.3	1	14.3	21	18.3	1	14.3	0	0	8	21.6	6	46.2

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
75. Provide service for those suffering from addiction, habituation or dependence upon drugs.	<u>Currently Does Relevancy</u>																	
	Yes		10	62.5	2	13.3	1	14.3	18	15.7	3	42.9	6	37.5	18	48.6	4	30.8
	No		5	31.3	1	6.7	1	14.3	0	0	1	14.3	3	18.8	4	10.8	3	23.1
	Don't Know		1	6.3	12	80.0	4	57.1	96	83.5	3	42.9	7	43.8	15	40.5	5	38.5
	No Response		0	0	0	0	1	14.3	1	14.3	1	0.9	0	0	0	0	1	7.7
	<u>Currently Does Proficiency</u>																	
	Well		0	0	0	0	0	0	1	0.9	0	0	0	0	0	0	1	7.7
	Adequate		8	50.0	2	13.3	1	14.3	9	7.8	0	0	3	18.8	12	32.4	3	23.1
	Poorly		2	12.5	0	0	0	0	1	0.9	3	42.9	3	18.8	5	13.5	0	0
	No Response		6	37.5	13	86.7	6	85.7	104	90.4	4	57.1	10	62.5	20	54.1	9	69.2
	<u>Currently Does Frequency</u>																	
	Often		0	0	0	0	0	0	2	1.7	0	0	2	12.5	2	5.4	1	7.7
	Sometimes		4	25.0	2	13.3	1	14.3	8	7.0	1	14.3	3	18.8	9	24.3	3	23.1
	Rarely		6	37.5	0	0	0	0	0	0	2	28.6	1	6.3	5	13.5	0	0
	No Response		6	37.5	13	86.7	6	85.7	105	91.3	4	57.1	10	62.5	21	56.8	9	69.2
	<u>Ideally Should Relevancy</u>																	
	Yes		15	93.8	7	46.7	3	42.9	70	60.9	5	71.4	9	56.3	20	54.1	3	23.1
	No		0	0	3	20.0	2	28.6	1	0.9	0	0	3	18.8	5	13.5	2	15.4
	Undecided		0	0	4	26.7	1	14.3	39	33.9	1	14.3	4	25.0	10	27.0	3	23.1
	No Response		1	6.3	1	6.7	1	14.3	5	4.3	1	14.3	0	0	2	5.4	5	38.5
	<u>Ideally Should Frequency</u>																	
	Often		3	18.8	6	40.0	2	28.6	47	40.9	3	42.9	7	43.8	14	37.8	3	23.1
	Sometimes		8	50.0	1	6.7	1	14.3	17	14.8	2	28.6	2	12.5	5	13.5	0	0
	Rarely		4	25.0	0	0	0	0	2	1.7	0	0	0	0	0	0	0	0
	No Response		1	6.3	8	53.8	4	57.1	49	42.6	2	28.6	7	43.8	18	48.6	10	76.9

ALL GROUPS'

RESPONSE FREQUENCIES AND PERCENTAGES BY GROUPS

	Guidance Clinic Personnel		School Principals		Special Education Personnel		School Teachers		Public Health Nurses		Social Workers		Welfare Workers		Medical Doctors	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
77. Provide counseling services for parents and families of retarded children on a continuous basis as soon as a diagnosis of mental retardation has been affirmed.	Currently Does Relevancy															
	7	43.8	4	26.7	2	28.6	17	14.8	2	28.6	3	18.8	12	32.4	6	46.2
	8	50.0	2	13.3	3	42.9	5	4.3	2	28.6	7	43.8	4	10.8	0	0
	1	6.3	9	60.0	1	14.3	92	80.0	3	42.9	6	37.5	21	56.8	6	46.2
	No Response		0	0	0	14.3	1	0.9	0	0	0	0	0	0	1	7.7
	Currently Does Proficiency															
	1	6.3	0	0	1	14.3	2	1.7	0	0	1	6.3	0	0	2	15.4
	3	18.8	4	26.7	0	0	9	7.8	0	0	2	12.5	11	29.7	3	23.1
	Adequate		4	25.0	0	14.3	9	0	2	28.6	0	0	2	5.4	1	7.7
	Poorly				1	14.3	9	0	2	28.6	0	0	2	5.4	1	7.7
	No Response		8	50.0	11	73.3	5	90.4	5	71.4	13	81.3	24	64.9	7	53.8
	Currently Does Frequency															
	1	6.3	0	0	1	14.3	2	1.7	0	0	0	0	3	8.1	2	15.4
	4	25.0	3	20.0	0	0	10	8.7	0	0	3	18.8	9	24.3	4	30.8
	3	18.8	0	0	1	14.3	0	0	2	28.6	0	0	1	2.7	0	0
	Rarely															
	No Response		8	50.0	12	80.0	5	89.6	5	71.4	13	81.3	24	64.9	7	53.8
	Ideally Should Relevancy															
	14	87.5	14	93.3	6	85.7	92	80.0	6	85.7	8	50.0	25	67.6	8	61.5
	0	0	0	0	0	0	0	0	0	0	5	31.3	4	10.8	0	0
	0	0	1	6.7	0	0	18	15.7	1	14.3	3	18.8	6	16.2	0	0
	Undecided															
	No Response		2	12.5	0	14.3	5	4.3	0	0	0	0	2	5.4	5	38.5
	Ideally Should Frequency															
	5	31.3	12	80.0	5	71.4	70	60.9	4	57.1	7	43.8	16	43.2	6	46.2
	8	50.0	2	13.3	1	14.3	15	13.0	1	14.3	1	6.3	7	18.5	2	15.4
	1	6.3	0	0	0	0	0	0	1	14.3	0	0	1	2.7	0	0
	Rarely															
	No Response		2	12.5	1	6.7	1	26.1	1	14.3	8	50.0	13	35.1	5	38.5

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